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Frontline Worker (FLW) Qualitative Study

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LIST OF ABBREVIATIONS/ ACRONYMS

AHW	Auxiliary Health Worker
ANM	Assistant Nurse Midwife
ASC	Agriculture Service Center
BA	Bhanchhin Aama
BCC	Behavior Change Communication
CAC	Citizen Awareness Center
CHD	Child Health Division
CHSF	Community Hygiene and Sanitation Facilitator
CLT	Community Level Training
Co-PI	Co- Principal Investigator
DAG	Disadvantaged Group
DC	District Coordinator
DHS	Demographic and Health Survey
DoHS	Department of Health Services
DToT	District Training of Trainers
ENA	Essential Nutrition Actions
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussion
FLW	Frontline Worker
FP	Family Planning
FS	Field Supervisor
GALIDRAA	Greet, Ask, Listen, Identify, Discuss, Recommend, Agree, Appointment
GESI	Gender and Social Inclusion
HERD	Health Research and Social Development Forum
HFOMC	Health Facility Operation Management Committee
HFP	Homestead Food Production
HKI	Helen Keller International
HMIS	Health Management Information System

HTSP	Healthy Timing and Spacing of Pregnancy
IEC	Information, Education and Communication
IFPRI	International Food Policy Research Institute
INP	Integrated Nutrition Package
IYCF	Infant and Young Child Feeding
JHUCCP	Johns Hopkins Bloomberg School of Public Health Center for Communication
LAM	Lactation Amenorrhea Method
LMIS	Logistics Management Information System
LNGO	Local Non-governmental Organization
LQAS	Lot Quality Assurance Sampling
LSC	Livestock Service Center
MCN	Maternal and child nutrition
MNCH	Maternal, newborn, and child health services
MoFALD	Ministry of Federal Affairs and Local Development
MoHP	Ministry of Health and Population
MToT	Master Training of Trainers
NeWaH	Nepal Water for Health
NHRC	Nepal Health Research Council
NTAG	Nepali Technical Assistance Group
ODF	Open Defecation Free
PDQ	Partnership Defined Quality
PEAP	Program Exposure and Adoption of Practices
PEGS	Policy Environment and Government Structures
PHC/ ORC	Primary Health Care/ Outreach Clinic
PI	Principal Investigator
SBCC	Social Behavior Change Communication
SC	Save the Children
SM	Social Mobiliser
TT	Tetanus Toxoid
USAID	United States Agency for International Development
VDC	Village Development Committee
VLT	Village Level Training

VMF	Village Model Farmer
VNFSSC	Village Nutrition and Food Security Steering Committee
V-WASH-CC	Village Water Sanitation and Hygiene Coordination Committee
WASH	Water Sanitation and Hygiene
WCF	Ward Citizen Forum
WLI	Ward Level Interactions

EXECUTIVE SUMMARY

The *Suaahara* Process Evaluation: Frontline Worker (FLW) study was an in-depth assessment of the frontline workers (FLWs) associated with the *Suaahara* program who are a part of a wide network of individuals belonging to different sectors and who primarily work at the Village Development Committee (VDC) and ward level. The study was conducted to determine the effectiveness of *Suaahara*'s methods to improve the knowledge and skills of the FLWs and to disseminate key program messages to the community via the FLWs. It also looked at the extent to which the *Suaahara* interventions, including the mass media campaigns, were able to reach program beneficiaries.

This was a qualitative study conducted in four *Suaahara* intervention districts: Darchula, Sindhupalchowk, Rupandehi and Syangja. The study sites comprised of five VDCs per study district and three wards per VDC. The data collection for the study took place from 8th November to 11th December 2014. Data were collected via 2 methods: focus group discussions (FGDs) and shadowing, an observational technique. The evaluation team conducted 40 FGDs – half among health workers and half among FLWs from non-health sectors - and 80 shadowing sessions of *Suaahara* field supervisors (FSs) and Female Community Health Volunteers (FCHVs). The data were transcribed in Nepali and translated into English while data coding was performed using Atlas.ti software.

In health and non-health FGDs, when the FLWs were asked about *Suaahara* trainings they received, they discussed District Training of Trainers (DToT), Village Level Training (VLT), Community Level Training (CLT) and Ward Level Interactions (WLI). The *Suaahara* FSs, FCHVs, health workers and the agriculture and livestock extension workers reported receiving 5-7 days of training, while the other FLWs, such as the members of Ward Citizen Forums (WCFs) and Community Awareness Centers (CAC,) reported receiving shorter trainings. Almost all the FLWs reported the trainings to be effective due to the innovative, hands-on methods including demonstrations, audio-visuals. Health and non- health FLWs shared that they received knowledge on exclusive breastfeeding, consuming four food groups every day ("*harek baar khana chaar"*), cooking nutritious foods, and maintaining sanitation. Some FLWs said they received new knowledge and skills, whereas others, especially health FLWs, said that *Suaahara* has reiterated pre-existing knowledge in an impactful way.

In the FGDs, health and non-health FLWs also discussed the provision of services and dissemination of information to beneficiaries. Almost all FLWs were aware of *Suaahara*'s target groups. Almost all *Suaahara* FSs, health workers, and FCHVs reported disseminating information to the beneficiaries, while this was only true for a few non-health FLWs. The FLWs also shared challenges to providing services, such as gathering people together, expectations of allowances, complaints about chickens dying, seeds not germinating, and discomfort in providing some counseling services, such as on FP. Most FLWs appreciated *Suaahara* for improving their skills and knowledge, but some FCHVs mentioned that the program has increased their workload.

The dissemination of information by the *Suaahara* FSs and FCHVs was also observed through shadowing activities. Most *Suaahara* FSs were observed either during home visits or food demonstrations, whereas most of the FCHVs were shadowed either at their home or in the field. A few *Suaahara* FSs and FCHVs were observed in other settings, e.g. conducting mothers' group meetings, managing trainings, or conducting hand washing programs. The findings from the shadowing activities also support that *Suaahara* FSs and FCHVs provide information to beneficiaries about including four food groups in the diet, giving pregnant and

lactating women additional food, visiting health facilities for pregnancy care and delivery, using FP methods, exclusive breastfeeding, complementary feeding, and hand washing. However, the FCHVs seem to be disseminating more generic information to beneficiaries than the *Suaahara* FSs.

Finally, health and non-health FLWs discussed their understanding and perception of *Suaahara* as a program. Almost all FLWs have understood *Suaahara* as an integrated nutrition program that aims to reduce malnutrition by targeting 1,000 days mothers and children under two years of age (<2y). They acknowledged that *Suaahara* has included many sectors to target the determinants of nutrition but noted poor coordination among non-health sectors, and in particular among the Agriculture Service Center (ASC) and Livestock Service Center (LSC).

The health as well as non-health FLWs felt that tangible changes are already occurring as a result of *Suaahara,* including increased awareness and behavior change among beneficiaries, and also report that service seeking and utilization rates have increased. A majority of both the health and non-health FLWs felt that *Suaahara* is an effective and unique program requested that the duration of the program be extended. They have recommended that *Suaahara* must improve coordination between different sectors and ensure regular monitoring of activities.

Overall, the data suggests that most FLWs have retained the information received from training. Health FLWs may be more engaged in disseminating information to beneficiaries than non-health FLWs. However, the non-health FLWs seem to be more active in talking about Water, Sanitation and Hygiene (WASH) activities to the beneficiaries. Coordination gaps among FLWs from different sectors were also noted. The distribution of physical inputs, such as seeds and chicken, has generated lot of interest in the communities and the FLWs think that this aspect of the program needs to be reflected upon and managed more effectively.

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

Nepal's last several Demographic and Health Surveys (DHS) have shown the prevalence of under-nutrition to be declining (NDHS, 2011) in the country, but it remains a major public health issue. Several efforts are underway, especially among rural and marginalized communities, to address this situation.

Funded by the United States Agency for International Development (USAID), *Suaahara* is implemented in partnership with the Government of Nepal (GoN) and has scaled up implementation from 25 initial districts to a total of 41 districts. *Suaahara* is implemented by a partnership comprised of Save the Children (SC), Helen Keller International (HKI), JHPIEGO, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHUCCP), Nepal Water for Health (NeWaH), Nutrition Promotion and Consultancy Service (NPCS), and Nepali Technical Assistance Group (NTAG) (*Suaahara Program Description,* n.d.). With a primary aim of improving the nutritional status of women and children under two years of age, *Suaahara* strives towards achieving four intermediate results:

1. To improve household health and nutrition behaviors;
2. To increase the use of quality nutrition and health services by women and children;
3. To increase consumption of diverse and nutritious foods by women and their families;
4. And, to strengthen coordination on nutrition between government and other actors.

The program focuses on improving health and nutrition behaviors at the household level through promotion of Essential Nutrition Actions (ENA), particularly Infant and Young Child Feeding (IYCF), and addressing other determinants of under-nutrition, such as availability of and access to food; water, sanitation and hygiene (WASH); quality health care; child spacing; and socio-cultural factors including gender and social inclusion. These nutrition-specific and nutrition-sensitive interventions are expected to improve the child nutritional status in program areas. Furthermore, social behavior change communication (SBCC) approaches adapted to each location and a focus on gender and social inclusion (GESI) provide the basis for all *Suaahara* interventions. The five main program areas are:

1. Maternal and child nutrition (MCN);
2. Maternal, newborn, and child health services (MNCH);
3. Family planning (FP);
4. Water, sanitation, and hygiene (WASH) and
5. Agriculture and homestead food production (HFP).

At the national level, *Suaahara* has been working collaboratively with line ministries to revise policies, guidelines, and Education and Communication (IEC) materials to be nutrition-sensitive and address GESI-related issues. The *Suaahara* SBCC team also works closely with line ministries to develop episodes for a weekly radio program titled *Bhanchhin Aama* (BA). At the district level, *Suaahara* works with district-level government departments to plan and budget for nutrition, agriculture, and WASH interventions and to generate support among key stakeholders for related issues.

Suaahara's largest footprint is at the village level where a cadre of Field Supervisors (FSs) have been hired to work with Village Development Committees (VDCs) to train, jointly supervise, and build the capacity of volunteers and government front line workers (FLWs) from several of the *Suaahara*-related sectors. These FLWs, such as Female Community Health Volunteers (FCHVs) and agricultural extension workers, are *Suaahara*'s primary modality for reaching target households. In the wards and VDCs, the program is implemented via local non-governmental organizations (LNGOs). With district-wide coverage and interventions operating through existing permanent structures, rather than creating separate systems specifically for a short- term program, *Suaahara* is laying the foundation for sustainable impact.

1.2 STUDY RATIONALE

The International Food Policy Research Institute (IFPRI) is leading the *Suaahara* impact evaluation, a quasi-experimental study involving collection of baseline and end-line data from *Suaahara* intervention districts and matched comparison districts. In addition, household level matching is planned during the analysis phase and a difference-in-difference approach will be used to estimate the impact of the program. For internal monitoring, *Suaahara* uses the Lot Quality Assurance Sampling (LQAS) methodology to facilitate annual reporting to USAID on outcome data, such as mothers' knowledge and behaviors. The LQAS methodology also allows *Suaahara* to use the data internally to identify districts that are not meeting performance criteria and provide follow up as necessary. Additionally *Suaahara's* FSs collect quarterly data, mostly on program outputs including community level activities, training activities, home visits, and distribution of goods.

Thus, the *Suaahara* program has both a robust system for outcome monitoring and a strong quasi-experimental impact evaluation in order to produce rigorous evidence regarding the impact of the intervention. Together, a substantial amount of information about program outputs and its effectiveness in achieving its nutritional objectives is being generated. However, this provides little information about implementation processes, including whether and how *Suaahara* interventions are being implemented by village level government bodies and whether public sector FLWs are using the knowledge, skills, and materials provided by *Suaahara*. An evaluation of these implementation processes would complement existing monitoring and evaluation efforts and fill knowledge gaps related to why and how complex agriculture, health, and nutrition programs do or do not achieve their intended outcomes.

A *Suaahara* process evaluation was envisioned with the primary objective of documenting the processes by which impacts are achieved and advancing understanding about whether, how and why *Suaahara* is being implemented and utilized as planned. The *Suaahara* process evaluation includes three separate studies: 1) Program Exposure and Adoption of Practices (PEAP) Study; 2) Policy Environment and Government Structures (PEGS) Study; and 3) Frontline Worker (FLW) Study.

The FLW study is an in-depth assessment of the frontline workers associated with *Suaahara* interventions who comprise a wide network of individuals belonging to different sectors and primarily work at the VDC and ward level.

1.3 RESEARCH QUESTIONS AND STUDY OBJECTIVES

The two primary research questions for the FLW study are:

1. How effective are *Suaahara*'s methods at improving the knowledge and skills of FLWs and at sending messages and materials to the community via FLWs?

2. To what extent are *Suaahara* interventions, specifically the mass media campaign and exposure to FLWs, reaching the target and secondary audiences?

The primary objectives of the FLW study are:

1. To assess whether *Suaahara*'s key messages, tools, and materials have reached FLWs and the extent to which *Suaahara* knowledge and skills have been retained;
2. To assess the extent to which FLWs use the knowledge, skills and materials provided by *Suaahara* to provide better services to 1,000 days[1] mothers;
3. To understand what factors motivate or demotivate (incentives, supervision, workload, job satisfaction, self-efficacy) FLW performance, specifically of *Suaahara*-related sectors;
4. To evaluate service delivery including the quality of interactions provided by FLWs to 1,000 days mothers;
5. To discover the types and level of exposure to *Suaahara* messages among FLWs and what influences this exposure;
6. To understand FLWs' perception regarding demand for FLW services by 1,000 days mothers; and
7. To assess FLW cross-sector collaboration.

1.4 STUDY TEAM

Health Research and Social Development Forum (HERD) was contracted to conduct the FLW study for *Suaahara.* The study team of HERD will be referred to as the HERD core team. The Principal Investigator (PI) for this study was Dr. Kenda Cunningham, an independent consultant hired by *Suaahara,* and the Co-Principal Investigator (Co-PI) was Ms. Akriti Singh from *Suaahara*. Throughout the report, they will be referred to as the *Suaahara* team. (Annex 1.1)

CHAPTER 2: METHODOLOGY

The FLW study is a mixed method study including quantitative and qualitative methodologies. As a different survey firm was responsible for the quantitative part of the evaluation, this report will focus exclusively on the qualitative component to the FLW study conducted by HERD.

2.1 STUDY SITES

Study site selection followed *Suaahara*'s overall evaluation and was done by the *Suaahara* team (Annex 1.1). The study was conducted in 4 *Suaahara* intervention districts (Darchula, Rupandehi, Sindhupalchowk and Syangja) and, as done for the overall evaluation, in 5 VDCs per district and 3 wards per VDC (randomly selected at baseline) (Cunningham & Kadiyala, 2013). Selection of the 4 districts (of 8 used in the overall evaluation) was purposive to create agro- ecological zone diversity.

2.2 STUDY METHODS AND TOOLS

The qualitative data collection methods included focus group discussions (FGDs) and shadowing. For the 40 FGDs, half were among FLWs from the health sector and half with FLWs from non-health sectors. A semi-structured FGD guide was used and discussions covered a variety of topics related to FLW involvement in *Suaahara* and service provision to beneficiaries.

Shadowing (McDonald, 2005; Quinlan, 2008), a relatively new observational technique for health research, involved field researchers observing the activities of *Suaahara* FSs and FCHVs for an entire working day. Guidelines were developed to encourage field researchers to focus and take notes on specific themes including the FLWs' appearance, behavior, conversation topics, interactions, gestures, emotions, and activities for a work day.

2.3 SAMPLE SIZE AND STUDY PARTICIPANTS

The study sample size was 40 FGDs and 80 shadowed observations in the 4 districts total. In each of the 20 VDCs (5 per sampled district), 2 FGDs were conducted – one among health FLWs and one among non- health FLWs (Table 1). The study intended to shadow 3 FCHVs and 1 Suaahara FS in each ward (3 per sampled VDC). However, 2 participants were unavailable during the time of data collection (an FCHV in Sindhupalchowk and a Suaahara FS in Rupandehi) and thus, the total number of FLWs shadowed dropped to 78.

Table 1: Health and non-health participants of the FGD

Health group	Non-heath group
• Health facility in-charge • Auxiliary Health Worker (AHW) • Assistant Nurse Midwife • (ANM) • 3 FCHVs • 3 traditional healers • *Suaahara* FS • *Suaahara* peer facilitator	• Livestock extension worker • Agricultural extension worker • Ministry of Federal Affairs and Local Development (MoFALD) social mobilisers (SM) • VDC Water, Sanitation and Hygiene Coordination Committee • (V-WASH-CC) representative • Citizen Awareness Center (CAC) representative • VDC Nutrition and Food Security Steering Committee • (VNFSSC) representative • VDC representative • 3 Ward Citizen Forum (WCF) representative • HFP mother's group representative (There was 1 in every ward in Darchula and in 25% of the VDCs in Sindhupalchowk, Rupandehi and Syangja) • Village Model Farmers (VMF) (1 each in a total of 5 Darchula VDCs, 2-9 per VDC in Darchula) • Community Hygiene and Sanitation Facilitator (CHSF) *(1 each in a total of 3 VDCs, in ODF VDCs)*

2.4 SELECTION AND TRAINING OF FIELD RESEARCHERS

20 field researchers were selected after intensive group interviews (Annex 1.2). Almost all researchers had completed a Bachelor's degree and most were degrees in public health. Most researchers also had experience in qualitative data collection. They were diverse in terms of language skills, experience, age, and home districts, which was important for this multi-district study. Also, there was a good blend of researchers who had previously worked for HERD and those new to HERD.

The 20 field researchers participated in an 8-day training on: qualitative research techniques, research ethics, data quality measures, the *Suaahara* process evaluation and FLW study design, and study methods. The researchers were thoroughly trained on the two methods for this study (FGD and shadowing) and the specific research tools for the study. Training approaches included formal theory sessions followed by question and answer sessions, mock group discussions followed by reflection and feedback, observations in natural settings, note-taking and transcribing practice, field trials and so on. To ensure effective learning, an interactive and informal environment was maintained. All participants were encouraged to provide anonymous feedback at the end of each day, which was reviewed and used to improve the training.

On days 6 and 7 of the training, the researchers participated in a field trial in. All researchers practiced conducting FGDs using the FGD guide and also practiced shadowing. Learning's from the field trial were discussed in detail and research tools were modified. Further instructions were given to the researchers.

The 20 field researchers divided into district teams of 5 researchers each. One researcher from each team was assigned as District Coordinator (DC) based on his/her capability to

lead. The DC's responsibilities were to ensure coordination in the study sites and with the office, maintain team discipline, and also ensure quality. They were required to check the data collected and were held accountable for its quality. The core research team instructed and guided the DCs on their additional responsibilities (Annex 1.1).

2.5 DATA COLLECTION

For data collection, the field researchers carried official letters from Child Health Division (CHD), Ministry of Health and Population (MoHP), *Suaahara,* and HERD explaining the purpose of their visit and requesting cooperation from the District Health Office (DHO). On reaching the district, the researchers visited and submitted the letters to the District Health Office/District Public Health Office to inform them about the study and their presence in the district. The researchers also requested support letters from the district offices to take to the VDC level, based on the letter from CHD, which enabled smooth coordination for data collection in VDCs.

All five of the field researchers in each district collected data together in the first VDC and then split into two groups for the remaining 4 VDCs (Annex 2). In the VDCs, when possible, the field researchers first conducted the shadowing before conducting the FGDs.

For the FGDs, the researchers asked *Suaahara* FSs and MoFALD SMs to help them identify the participants and set a date and time for the FGD; they coordinated with the health facility and/or the VDC office to find a place for conducting each FGD. With permission from the participants, the researches recorded the discussion in addition to taking notes.

For shadowing, field researchers first met the *Suaahara* FSs and FCHVs to ask about their activities for the week and then agreed upon a day to shadow based on the likelihood of observing the FLW carry out his/her work. On the day of shadowing, the field researchers obtained written informed consent before starting the observation. Throughout the observations, the researcher noted the events of the entire day with the FLW. The shadowing varied quite a bit: among the 59 FCHVs shadowed, 31 were at home or in the field, 16 occurred during home visits, 10 during other program activities (food demonstrations hand washing demonstrations, conducting mother's group meetings and VMF trainings), and 4 while reporting to the health facility. Among the 19 *Suaahara* FSs shadowed, 11 were during home visits, and eight while conducting community activities such as: food demonstrations, hand washing day activities, VMF trainings, VDC meeting attendance and open- defecation free (ODF) monitoring[1].

The researchers were required to transcribe the notes from shadowing and the FGDs into full transcripts in order to document the data and make notes of the context immediately. Transcribing while in the field also helps researchers reflect on the data collection process and immediately apply the learning to the next FGD or shadowing. The field researchers also maintained a field diary during their stay in the field to record daily activities, experiences, and learning.

Field researchers noted some challenges during debriefing meetings[2]. Those related to the FGDs included: 1) difficulties in identifying participants, especially in locations where the *Suaahara* FS was new; 2) expectation among participants to receive allowances, especially

[1] Note: Some FCHVs and Suaahara FSs were shadowed doing multiple activities. Such as, in some instances, an FLW went for home visits as well attended food demonstration program in the duration of the shadowing.

[2] At HERD, field researchers share their experiences of field in debriefing meetings

in Rupandehi and Syangja; 3) late or non-arrival of some participants, causing others to wait for a long time to start discussion; and 4) length of the discussion given how busy the FLWs were with work. Challenges related to shadowing included: 1) most participants continuously spoke and therefore it was difficult to be a silent observer; 2) continued questioning throughout the day by community members as to who was with the FLW and the belief by many that they were *Suaahara* workers; 3) belief among some that the researchers were sent by the government to look after FLWs' work; and 4) some concern about "secrecy" since the field researchers were discouraged from talking while observing.

HERD's core research team and the monitoring desk were responsible for supervision and monitoring of research activities (Annex 1.1). Both were available daily and beyond office hours for communication with the field researchers. The monitoring desk contacted the field researchers for regular updates and maintained a log (Annex 3). The updates were shared with the core research team at HERD and the *Suaahara* team. In case of problems such as non-availability of participants, the HERD core team consulted with the *Suaahara* team to make efficient, collaborative decisions and facilitate smooth data collection. Additionally, core team members made supervision visits to Sindhupalchowk, Syangja, and Rupandehi. They also checked the transcripts, listened to recordings, and observed the researchers conducting FGDs. Individual and collective feedback was given to the researchers regarding consistency and clarity in transcripts, as well as probing and facilitation skills.

2.6 DATA MANAGEMENT AND TRANSLATION

Field researchers submitted collected data to HERD upon arrival in Kathmandu. The data were received, checked for completeness, and stored safely until translations began.

The core research team selected 14 translators on the basis of a trial that tested them on their language skills, accuracy and speed (Annex 1.3). The core team oriented the selected translators on *Suaahara* and the FLW study, as well as translation methods. The translators then translated all data from Nepali into English from December 8th, 2014 to January 18th, 2015. The translation supervisor and core research team closely monitored the translators and held discussions with them about translation issues and ways to solve them (Annex 1.3). The translation supervisor compared the translated transcript with the original Nepali transcript from time to time and provided feedback to ensure quality, accuracy and consistency. Once the translation supervisor was satisfied with a translated transcript, the core research team completed a final revision of the transcripts, ensuring clarity and legibility. The core team members referred to the original transcript, when necessary. The research team then removed all identifiers from the cleaned data to ensure anonymity and shared the data with the *Suaahara* team. After translations, the hard copies of the data were stored safely.

2.7 DATA CODING AND ANALYSIS

Data analysis involved reading the transcripts at least twice, developing codes, coding the data, and identifying themes. The core research team developed preliminary codes after reading the transcripts, which were shared with the *Suaahara* team to provide feedback to the code list. Ms. Rekha Khatri and Ms. Shraddha Manandhar from the core research team coded the qualitative data using a software program, Atlas.ti. They first coded the same five transcripts together and then discussed their coding decisions to ensure a common understanding regarding the codes. Further codes were added to the code list and merged based on the discussion, after which each coder coded the entire data set from two districts each. Data coding progressed in an iterative manner, with continuous reflections and discussions on the codes to maintain consistency.

After coding, outputs on each code were generated from Atlas.ti and printed. The coders then read through the coded extracts and looked for common links and generated themes based on which this report has been developed.

2.8 ETHICAL CONSIDERATIONS

Ethical approval for this study was obtained from the Nepal Health Research Council (NHRC). Written informed consent explaining the purpose of the study and answering any questions was obtained from each respondent prior to the start of shadowing and FGDs. Consent was also taken for use of audio recorders during FGDs and for taking pictures. Data confidentiality was ensured during data collection, management, and analysis. The recordings and transcripts are safely stored and any identifies have been removed from the translated transcripts.

CHAPTER 3: TRAININGS RECEIVED BY FRONTLINE WORKERS

3.1 GENERAL TRAINING APPROACH

Suaahara trainings involved a cascade approach from higher/central levels to peripheral levels. First, Master Training of Trainers (MTOT) was conducted for higher-level authorities, followed by District Training of Trainers (DTOT). Trained trainers would, in turn, train FLWs at the peripheral levels. Almost all of the FLWs had been a part of a multi-sectoral *Suaahara* training at least once.

> Yes, we were present in DTOT FCHV refresher training. We completed DTOT trainings provided by Suaahara and then we facilitated trainings. We got involved as facilitators in the Community Level Trainings for FCHVs and training for members of Health Management Committee.
>
> -AHW, Sindhupalchowk (FGD

Many health and non-health FLWs voiced that, prior to implementation of *Suaahara* in the VDC, an orientation involving all relevant stakeholders such as the VDC, health facilities, Agriculture Service Center (ASC), Livestock Service Center (LSC), political party representatives, school representatives, SMs, *Suaahara* FSs, FCHVs, members from VNFSSC, V-WASH-CC, and so on was conducted. The majority also reported that this was followed by Village Level Trainings (VLTs) given to the health workers including AHWs, ANMs, and *Suaahara* FSs.

Next, the *Suaahara* FSs and AHWs conducted Community Level Trainings (CLTs) to train the FCHVs. Finally the trained FCHVs along with *Suaahara* FSs conducted two day Ward Level Interactions (WLIs) with *Suaahara* beneficiaries for 2-3 hours. The first day of the sessions targeted all the 1,000 days mothers from the VDCs and the second day involved the decision-makers of the 1,000 days mothers' families, including their husbands, mothers-in-laws, and fathers-in-laws. The WLI was intended to orient the *Suaahara* beneficiaries and their families on *Suaahara* and ideal practices related to caring for 1,000 days mothers.

The health workers of health facilities were found to be playing a major role in the trainings. They first received trainings at the district level and then facilitated trainings on maternal health related matters, such as Healthy Timing and Spacing of Pregnancy (HTSP). They were also engaged in Health Facility Operation Management Committee (HFOMC) orientation programs. Experts from the regional level, Junior Technical Assistants, *Suaahara* FSs, and health workers such as AHWs facilitated the trainings.

3.2 TRAINING DURATION, FREQUENCY, AND TOPICS

Almost all FLWs were introduced to *Suaahara* and received training on nutrition. Very few had missed trainings. The durations of the VLTs was reported as 5 days whereas the FLWs inconsistently reported the VLT duration, ranging from 6 to 10 days. The FLWs were also trained on specific topics depending on their role in *Suaahara* and their area of involvement.

The health FLWs received more trainings than non-health FLWs. The *Suaahara* FSs received training on the widest range of topics including Health Management Information System (HMIS), Logistics Management Information System (LMIS), Healthy Timing and Spacing of Pregnancy (HTSP), Homestead Food Production (HFP), monitoring and evaluation, Partnership Defined Quality (PDQ), food safety guidelines, and the Integrated Nutrition Package (INP). The FCHVs also received trainings on different areas including nutrition, access to health services, WASH, agriculture, livestock and so on. The health workers received training on safe motherhood, counseling on adequate nutrition, growth monitoring, healthy timing and spacing of pregnancy, iron supplementation, vitamin A and de-worming. The AHWs and the health facility in-charges received additional trainings compared to other health facility staff. The traditional healers recalled the training to be about maternal and child nutrition and about their role to refer their sick patients, especially children, to the health facilities.

> "PDQ" has been conducted from time to time. Within that "PDQ" there are local stakeholders. They engage the people who are concerned with local organizations and conduct different kinds of health improvement programs, organizational development programs and so on.
>
> -AHW, Darchula (FGD)
>
> During the training, they told us about breastfeeding children, feeding the post-partum women greens, legumes… feeding mother's milk to children below 6 months, feeding green leafy vegetables and eggs to those above 6 months and feeding the child after cleaning their hands and mouth.
>
> -Traditional healer, Darchula (FGD)

A high majority of the health FLWs were very satisfied with the trainings and said they gained knowledge on various issues. The *Suaahara* FSs were happy to have received much training. However, some health FLWs complained that the training duration and frequency was insufficient. The *Suaahara* FSs and FCHVs did not raise this concern. Almost all traditional healers raised this issue. Another feedback on the training that was discussed by the health sector FLWs of Sindhupalchowk was that the time period of the training was short and the subject matter was long generating boredom because of continuous training without a break.

> I have taken many trainings. I do not remember the names. The main focus was on essential nutrition and hygiene. From DTOT, we took training to train FCHVs and mobilize peer facilitators. We have given trainings ourselves. We trained them [FCHVs and SMs] after taking the trainings. Other than essential nutrition and hygiene, I have taken HMIS training. Other trainings were about agriculture, HFP, farming, chicken and cage. Then, training about radio program 'Amma Kahal Batin', how to conduct reflection sessions, how the CAC members can implement [Suaahara related discussion] in action [in meetings], these are the trainings.
>
> - Suaahara FS, Rupandehi (FGD)

Most non-health FGD participants reported receiving a 3-day Suaahara training. This training included participation from WCF, VNFSSC, V-WASH-CC and various political party representatives. They also reported forming a committee on the final day of the training. A representative from a V-WASH-CC in Sindhupalchowk reported receiving training for 1 day and additional information every 1-2 months. Again a CAC member and a SM of Syangja said they had received two Suaahara trainings. The representatives from livestock received training for a longer duration of 5 days. Additionally, they received sector and/or role-specific trainings. For instance, agricultural sector FLWs were trained on VMFs and HFP, SMs were given social mobilization and peer educator trainings.

> A few months back, Suaahara had conducted an Outreach Clinic (ORC). In that, Suaahara personnel and the DPHO had come and given training at the ward level. That training lasted for 2 days. It was about child and maternal health. Similarly, there was training about how to do the fundamental things during the ORC. I had also participated in it.
>
> -V-WASH-CC, Syangja (FGD)

These non-health FLWs felt that the frequency and duration of the training was not enough and reported that since the training was given at the beginning of program implementation, they had forgotten a lot because of lack of refresher trainings. A VNFSSC member from Syangja reported not learning that many skills while discussing about the training. A few non-health FLWs claimed there were no trainings for them.

> We haven't got training from Suaahara. Simple gatherings [referring to demonstration programs] are conducted in every tole [referring to a small area within a ward] and ward and we get general information about the mothers' and children's health and nutrition. However, we could not go "in detail" about Suaahara.. There has been information that this program is about food and nutrition.
>
> -VNFSSC, Syangja (FGD)

3.3 TRAINING METHODS AND MATERIALS

Suaahara has used a wide range of methods and materials in their trainings. Almost all FLWs were impressed with the range of practical and effective methods and materials used and said that it helped them to grasp the concepts better. Both health and non-health FLWs recalled that in district level trainings, multimedia and audio-visual aids (projectors, videos, etc.) were used. In community settings, colorful posters, flipcharts, discussion cards, picture booklets, white papers and markers were used.

The pictures were available in a wide variety of topics including breastfeeding, child malnutrition, hand washing, sanitation, and chicken rearing and so on. Local resources were utilized to impart the messages effectively. For example, clothes were used to make a baby model to demonstrate the appropriate breastfeeding. Mothers were also shown how they could make toys from locally available items like bottles and ears of corn. To impart the message of "*harek baar khana chaar"* (four food groups everyday), real foods were used.

They wrote on the “chart paper” and displayed. They made toys with “locally available” materials such as bottles, ears of the corn and other materials harmless to the babies. We used locally available materials; we did not have to buy. We used materials that a mother could gather from the house itself and made toys. During the training, since they [trainers] did not have “access” to “multimedia”, they presented with the help of “chart papers”, “newsprints” [a thin white paper roughly the size of a chart paper, commonly referred to as newsprint paper]; they themselves acted [role play] as “participants” when we told them things [probably referring to mock counseling sessions] and we also practiced

- Suaahara FS, Sindhupalchowk (FGD)

To disseminate appropriate poultry rearing messages, game cards and model coops were used. A few FLWs (health and non-health) mentioned that facilitators showed how to prepare land and sow seeds to teach how to cultivate vegetables. The training methods used were participatory in nature and included activities such as role-play and giving home assignments during the training. Some (health and non-health) reported demonstration of water purification with the use of chemicals to observe the color of pure and impure water, in addition to discussion and lecture methods.

There are complete training materials in whatever they are teaching about. In our subject [referring to when the livestock extension worker gives training], it takes 1-½ hours for one subject. Talking about animal husbandry, if we provide training on the management of goat rearing and manage the training in 1-½ hours, the farmers don’t understand much. But when Suaahara gives training, it not only tells the farmers but also demonstrates using the required materials. The “process” and materials that Suaahara uses for behavior change are good.

-Livestock extension worker, Sindhupalchowk (FGD)

3.4 KNOWLEDGE GENERATED FROM TRAINING

The new things the FLWs reported to have learned varied according to their area of involvement and individual factors although there were certain topics that were new for all FLWs. For example, all FLWs reported learning the meaning of 1,000 days mothers and that 80% of development of the child occurs within 2 years.

The health FLWs already knew about nutrition, hand washing, breastfeeding and water purification but *Suaahara* provided them advanced and updated information such as the following details of optimal breastfeeding practices: timing, positioning, contact, duration, frequency and colostrum, as well as updated information related to HTSP, water purification with SODIS and so on.

> Things related to birth spacing were actually something new. Even though we are health workers, we actually used to think that if the second child was born after a spacing of 5 years, then the baby would be born healthy. But we were wrong. It was technical and new to us.
>
> -AHW, Sindhupalchowk (FGD)

Other new learning for the FLWs was related to child feeding, feeding sick children, chicken rearing, making half barred hen coops, and methods for cultivating vegetables. New types of vegetables like *kangkung* green leafy vegetables that grew all year round were also introduced. They learned modified recipes of *jaulo*[3] and *lito*[4] in order to make it more nutritious by adding green vegetables, eggs and meat. Another new learning for FLWs, particularly FCHVs and *Suaahara* FSs, was the GALIDRAA (Greet, Ask, Listen, Identify, Discuss, Recommend, Agree, Appointment) approach, which is a systematic approach for counseling.

Non-health FLWs reported that *Suaahara* trainings provided a unique opportunity for them to learn more about health and nutrition. They reported that, prior to the trainings, they only had very basic information on nutrition but learned details about child and maternal nutrition and how various sectors like agriculture, livestock and WASH are related to nutrition. Apart from their own sector, they gained valuable knowledge from health as well as non-health sectors.

> We used to go to the market in search of Vitamin A…. But we learned it was not necessary to go to the market. We could get Vitamin A from vegetables mixed with milk and cooked in ghee.
>
> -VNFSSC, Sindhupalchowk

3.4.1 MATERNAL NUTRITION

Almost all health and non-health FLWs learned of a new concept of “harek baar khana chaar” (4 food groups every day) contrary to “harek din khana tin” (3 food groups every day). This concept was about consumption of cereals, pulses, green leafy vegetables and animal sourced protein every day. In the trainings, discussions also covered other sources of essential nutrients required for everyone, as well as specifically required by a 1,000 days mother. The training also included discussions on food preservation and the importance of mothers eating nutritious food to prevent child malnutrition. They also gained information regarding the ideal diet for pregnant and lactating women, such as that pregnant women need to consume one additional meal every day and eat 4 eggs per week, whereas lactating women need two additional meals every day.

[3] Jaulo is a Nepali dish with a fluid like consistency, usually prepared from rice and lentils.

[4] Lito is a traditional dish fed to children prepared by mixing flour of different cereals and pulses with warm water or milk

In order to prevent wasting in children, the mother has to eat nutritious diet since pregnancy. When the mothers do not eat nutritious diet, the children suffer from wasting. They [the mothers] must eat nutritious food since the pregnancy in order to have healthy children. And after the birth of the child, the mother should take iron tablets up to 45 days from the delivery. They must eat green leafy vegetables and additional foods. They must eat 1-2 additional food than normal.

-FCHV, Sindhupalchowk (FGD)

We learnt that during pregnancy, the pregnant woman must take one additional meal per day and a breast-feeding mother should take two additional meal per day.

-SM, Sindhupalchowk (FGD)

3.4.2 CHILD NUTRITION

The trainings covered how adequate breastfeeding is indispensable for the nutritional wellbeing of children. From the FGDs, the health FLWs, including the AHWs, ANMs, Suaahara FSs and FCHVs were found to have more detailed information on child health compared to other FLWs. This included discussions and emphasis related to exclusive breastfeeding for 6 months and that during this time the baby does not even need water. Many FLWs (health and non-health) reported learning that colostrum must be fed to the baby and the baby must be breastfed within 1 hour of birth. Most FLWs (health and non-health) received information including that: 1) the baby must be fed 7-8 times in the day and 3-4 times at night; 2) the mother must feed the child with milk for at least 15 minutes from each breast, given that the initial milk secreted has a high water content and the thick and nutritious milk comes later; 3) the mother should hold her breasts in C-shape and not in scissor shape to stimulate secretion of milk; 4) the child must not be breastfed while s/he is asleep, as some babies could die of suffocation; 5) the child must be continuously breastfed when sick; and 6) the correct posture and contact during breastfeeding involves placing the child in the lap and its mouth must completely cover the areola. Alight foam in the child's mouth indicates the child is feeding properly. Breast milk secretion is stimulated if the child continuously sucks the milk.

I did not know about the proper position and contact while breastfeeding. I used to advise them to breastfeed the baby properly in any position if the baby feels comfortable. Later, after taking the training, I came to know about the position and contact in detail.

-ANM, Darchula (FGD)

Another important message mentioned by most health FLWs was that mothers must wash their hands and clean their breasts before breastfeeding. In case of nipple blockage and/or breast abscess, one must not hide it but should share it with her husband/family and get medical help. A few health FLWs mentioned learning about the Lactation Amenorrhea Method (LAM) i.e. if a mother breastfeeds her child 8-10 times a day for 6 months, there is no need to use other FP devices.

The majority of health and non-health FLWs mentioned learning that after the baby reaches 6 months of age, complementary food should be given in addition to breast milk for an

adequate diet, including green vegetables, fish, meat, eggs and cereals. Some FLWs (both health and non- health) reported that the earlier misconception that children cannot digest eggs was addressed through the trainings and, they learned that after 6 months of age a baby should be given 2 eggs per week. The majority (health and non-health FLWs) mentioned that nutritious *jaulo* and *lito* must also be given to children. Many health FLWs and a few non-health FLWs mentioned learning about using iodized salt when cooking to prevent goiter, including Vitamin A rich foods in the diet, not feeding children packaged

> There was also interaction on eggs. It was said the yellow part of the egg should not be given [to children]. But it was clarified [in the training] that the yellow part must also be given to children.
>
> -HFP mother's group, Syangja (FGD)

snack foods like noodles and biscuits; and so on.

A few health FLWs reported learning about the "U.Pa.Ba.Ma.Pra.Sa.Sa. principle" for child feeding, in which U stands for *'umer'* age, Pa stands for *'patak'* meaning the frequency of feeding,

Ba stands for *'baaklo'* meaning thickness/constituency of the food, Ma stands for *'maatra'* meaning amount of food, Pra stands for *'prakaar'* meaning types of food to given daily, Sa stands for *'sarsafai'* meaning cleanliness and the last Sa stands for *'sakriya'* meaning active feeding.

The majority of *Suaahara* FSs and FCHVs, and many other health FLWs but only a few non-health FLWs reported receiving information like a child's hunger is completely satisfied by breast milk till s/he is 6 months, half satisfied till s/he is 1 year and 1/3rd when s/he is 1-2 years old; that a child should not be slapped or forced but s/he must be fed with love; children must be without distractions while feeding. Many health but very few non-health FLWs reported learning about appropriate feeding of a sick child: breast milk and additional food up to 2 weeks after recovery.

3.4.3 FOOD HYGIENE

The majority of *Suaahara* FSs and FCHVs, many other health FLWs and some non-health FLWs reported learning whether vegetables should be washed first or cut first, how to wash green vegetables and other detailed food preparation messages. They learned to make super flour (*Sarvottam pitho*[5]). They learned that green leafy vegetables like spinach, pumpkin, and other vegetables must be mixed in *lito* and *jaulo.* The trainings also covered how to preserve nutrients while cooking. For example, the food must be covered while cooking.

[5] Sarvottam pitho is a mixture of a fixed ratio of flour of cereals and pulses. This, when mixed with warm water or milk, is considered very nutritious for infants and children

We knew about super flour (sarvottam pitho). But it didn't used to be so fine. It used to be rough and had little lumps here and there. We used to fry it in oil sometimes and sometimes in ghee and not by kneading the flour. After the Suaahara program came, we started to make it by mixing it with green vegetables sometimes and with milk sometimes.

-FCHV, Sindhupalchowk (FGD)

First of all we need rice, lentils, ghee, salt, and chilly. What else is needed ... Next is the green vegetables. We mix the lentils, rice, salt, and chilly and cook them by stirring the lentils. We cook it until the pressure cooker blows 2-3 whistles. After the whistle, we search for vegetables. We need ghee. We fry the vegetables in the ghee. We put the ghee and add vegetables to it. After that, we have to fry that khichadi.

- Suaahara FS, Darchula (FGD)

3.4.4 CARE FOR PREGNANT AND LACTATING WOMEN

Almost all Suaahara FSs and FCVHs, the majority of other health FLWs and many non-health FLWs reported learning how to care for pregnant and post-partum women. They learned that women during pregnancy should go for 4 antenatal check-ups in the 4th, 6th, 8th, and 9th months; take iron tablets and de-worming medicine; take iron tablets from the 4th month of pregnancy to 45 days after birth, and go for post-natal checks.

3.4.5 CARE FOR YOUNG CHILDREN

Some health FLWs mentioned learning that: 1) children should receive immunization; 2) they should not be bathed within 24 hours of birth; and 3) they must be placed in mats and not on the floor.

3.4.6 FAMILY PLANNING (FP)

The health FLWs learned new and updated information about HTSP while information already known was reinforced. The major learning were that a mother should: 1) not conceive again for 23-24 months after delivery; 2) give birth again only 33 months after the previous delivery; and 3) start using FP methods a week after abortion, contrary to the earlier concept of using it after 45 days.

We knew about spacing of conception, birth spacing, and temporary FP devices. We didn't know things such as for how many days [after birth] to use temporary FP devices, or proper timing and spacing of conception. We didn't know about the problems such as after more than 5 years [of giving birth], infertility may occur, mothers fainting, etc. After knowing about these things, it has become easier to discuss with 1,000 dayss mothers.

- Suaahara FS, Sindhupalchowk (FGD)

The non-health FLWs did not report learning about FP in the trainings.

3.4.7 WATER, SANITATION, AND HYGIENE (WASH)

FLWs reported that Suaahara trainings not only reinforced their existing WASH knowledge, but also helped them learn many new things. Health as well as non-health FLWs reported learning many things on WASH from the trainings.

> We found out about the conditions when hand washing should be done. We found out the importance of using toilets. Earlier, I felt that toilet needed to be used just so that we wouldn't be embarrassed. But I gained knowledge that various diseases are spread if toilets are not used. I came to know about these things after Suaahara came.
>
> -FCHV, Sindhupalchowk (FGD)

In general, most FLWs (health and non-health) said that *Suaahara* trainings reiterated that hand washing must include soap and water, and that ash was no longer acceptable. The hand washing (some said 6 steps, while some said now there are 8 steps) was discussed. The FLWs recalled and expressed the steps[6] through gestures. Information about the detailed steps was not recorded. Many health and few non-health FLWs also said they learned the critical times of hand washing: 1) Before cooking; 2) Before eating; 3) Before feeding the child; 4) After going to the toilet; 5) After cleaning child's excreta; and 6) After handling waste.

Because the trainings covered the importance of a clean and sanitary household environment, some FLWs (health and non-health) said they learned how to dispose of and manage household waste to avoid flies and in turn diseases. Most health FLWs said that information about creating a barrier to protect children from the unsanitary environment was also imparted in the training. Some health and non-health FLWs shared how they learned practical tips to maintain household sanitation such as by using a half-barred coop for poultry. Some (health and non-health) shared that in the training they talked about open defecation contributing to diarrhea and that child and adult feces are equally harmful and thus, must be disposed in the toilet.

> There is this practice of making the children defecate in the front yard and then it is collected and thrown away. We should not do that. We should make our children use the toilet. It should then be washed and after using the toilet, hands should be washed properly with soap and water. The children's hands should be washed as well.
>
> -WCF representative, Syangja (FGD)

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[6] Although few FLWs mentioned steps of handwashing, Suaahara does not promote the message of steps of handwashing.

It urges people to wash hands "michi michi" i.e., cleaning by rubbing the two hands together thoroughly.

The trainings also taught the FLWs to identify which water is pure vs. impure and 4 methods of water purification - boiling, filtration, use of *Piyush* (chlorine drops), and Solar Disinfection (SODIS). *Suaahara* FSs and V-WASH CC members especially reported this, whereas few health FLWs and even fewer non-health FLWs did.

> Trainings related to WASH, sanitation and pure drinking water... Regarding pure drinking water, Suaahara has distributed P-vial to test the purity of water, to test whether we have been drinking pure or polluted water. They have also taught us the technique of purifying water. They have also talked about how we can preserve the source of water.
>
> - Suaahara FS, Darchula (FGD)

3.4.8 AGRICULTURE AND LIVESTOCK

Almost all FLWs mentioned learning about different crops, green leafy vegetables for different seasons, the proper way of making hencoops, preparing chicken feed and so on. The *Suaahara.*

FSs, FCHVs and FLWs from the agriculture and livestock sectors were found to have in-depth knowledge in this regard. Various FLWs (health as well as non-health) mentioned receiving farming-related information, including how to plough and prepare land, make plots, when and how to sow seeds, how to water them, how to add manure, spray pesticides, and weed the vegetables. Additionally, they learned to prepare manure and pesticides. The trainers used a seasonal calendar to teach which vegetables to plant in each season. In Darchula, many FLWs reported being trained on household-level mushroom farming.

Regarding livestock, the FLWs (health and non-health) sporadically reported learning how to make and manage partially bound coops for poultry. This had two advantages. First, it reduces the chances of children coming in contact with chicken droppings, which has negative health implications. Second, it prevents the poultry from destroying the vegetables. Other learning reported by a few FLWs(health and non-health) included techniques of identifying and treating chicken diseases at home, how to prepare chicken feed, how often and in what amount to feed the chicken. To prepare feed for the chicken, local materials like soya-beans, leftover mustard oil, a little salt, and sugar can be used.

> We used to make hen coop with a lid but we did not know the hen coop that was built with a fence.After making the hen coop with a fence, most of us knew that it would be beneficial.
>
> -SM, Syangja (FGD)

Compared to other districts, the FLWs in Darchula reported receiving information about agriculture and livestock more often whereas FLWs in Rupandehi focused more on WASH.

3.5 MULTI-SECTORAL TRAINING APPROACH

The majority of FLWs liked Suaahara's multi-sectoral training approach. The majority of the health and non-health FLWs said that these kinds of trainings facilitated opportunities for learning new things from different sectors, sharing experiences, and consolidating commitments from all sectors to work towards a common goal. They also said they found it easier to link nutrition with agriculture, veterinary, and education and said it helped them to impart information to beneficiaries. Most of the non-health FLWs were satisfied with the training. They felt it was informative and clearly gave them an opportunity to learn about health and other sectors.

> We felt [the training was] very interesting. We used to feel bored while talking about health all the time. But [in Suaahara trainings] there were discussions regarding other things as well. We got to listen to the views and perspectives of other people also.
>
> -Sr. ANM, Rupandehi (FGD)
>
> There were health terminologies which were difficult to understand but they were clarified by them (health FLWs), it was beneficial to be together in the training.
>
> -VDC representative, Sindhupalchowk (FGD)
>
> The information that they provided was clear to us and even in a 1 day training, we could learn the skills.
>
> -WCF representative, Sindhupalchowk (FGD)

A V-WASH-CC member of Sindhupalchowk was that such trainings saved time from having to do separate trainings for separate groups. Some (health and non-health FLWs) pointed out that multi-sectoral trainings gave all FLWs a common message. The messages were also reinforced when FLWs from all the sectors imparted the same messages.

However, some FLWs, particularly from the health sector, felt that such multi-sectoral trainings had disadvantages as well. They said that since *Suaahara* was essentially a health program, the non-health FLWs were often confused by the health discussions and had the impression that this was not 'their' program and they were only in the training to participate. Because of this, they reported there was no/ limited ownership from non-health FLWs.

3.6 TRAINING RECOMMENDATIONS

The general opinion was that the training was effective and that the FLWs learned many things. However, they suggested the following recommendations to make the trainings more effective:

- Many FLWs from health and non-health sectors felt that more topics should be covered by using projector and audio-visual aids such as videos to make the trainings more effective. This was the most voiced recommendation from the FLWs.
- Another frequent recommendation was that there must be refresher trainings and additional trainings on new, different topics. The health FLWs felt that there must be periodic refresher trainings while the non-health FLWs said they should receive more training and for a longer duration.

- The training must be planned properly. Training should not be given to many participants at once, but rather to a fixed number of people for better quality. In the training hall, people sitting at the back may not hear or see properly. Some AHWs and VDC representatives pointed out this recommendation.
- Few non-health FLWs, especially from the VDC and coordinating bodies, said that in multi-sectoral trainings, knowledgeable and less knowledgeable people must be divided strategically during group activities to ensure better learning.
    - Few traditional healers and non-health FLWs suggested a guideline containing thetraining issues must be given to them to help retain what they learnt from the trainings.

> Sir, after this training people in the village ask us, “What training did you take?” We participate in those programs but we do not have “certificate”. Without a certificate, our training has no significance. We are not taken as important unless we have the proof. We need that. Provide us an identity card that is evidence for villagers.
>
> -Traditional healer, Syangja (FGD)

CHAPTER 4: FRONTLINE WORKERS' ENGAGEMENTS IN SERVICE PROVISION

4.1 ROLES AND RESPONSIBILITIES OF FRONTLINE WORKERS

Most FLWs, both health and non-health, have said that their major role is to raise awareness about nutrition and sanitation among the beneficiaries by counseling and sharing information.

In the health group, almost all the *Suaahara* FSs, health workers and FCHVs reported that they tell women about pregnancy care, eating four food groups a day, exclusive breastfeeding till six months, hand washing, FP and so on. Most FCHVs and *Suaahara* FSs said that they also teach women how to prepare nutritious food including foods from all food groups for their children. Only few traditional healers said that they tell people about maintaining sanitation and sometimes refer people to health facilities. Some health workers also mentioned that their role is to provide trainings.

> Speaking about our involvement as health workers, Suaahara is related to 1,000 days mothers. We are especially engaged in health related matters such as providing training to FCHVs, mothers' group. We get directly involved in those trainings. We also get involved directly or indirectly in FP or birth spacing matters; including the services we provide through health facilities.
>
> -AHW, Sindhupalchowk (FGD)
>
> We are helping in Suaahara's work, i.e. nutrition; the nutrition for 1,000 days mothers and children and we are helping to make people aware about how to feed Lito and Jaulo to the children.
>
> -FCHV, Syangja (FGD)

In addition to raising awareness on nutrition, the FCHVs in Darchula also added that they give seeds to the 1,000 days women and also teach them about sowing and preparing land for cultivation. Almost all Suaahara FSs talked about their multiple engagements in counseling, coordinating, food demonstration activities, ODF campaigns, home visits and so on.

> We observe changes in the 1,000 days mothers during home visits. We coordinate and discuss with VDC stakeholders about the program. We call monthly meeting with VNFSCC and other VDC stakeholders to discuss about our programs. We discuss effective implementation and future planning of our programs. We call all the FCHVs from every ward and discuss about how we are providing services….we also see whether they are working according to our plan or not. We also goto meetings of mother's groups. We also catch the VMFs.
>
> - Suaahara FS, Darchula (FGD)

The non-health FLWs had varied things to say about their engagement with Suaahara. A SM in Syangja shared that his role in Suaahara is to circulate information regarding nutrition and sanitation in CAC and WCF while a VDC representative said that he engages with the program by helping in sending Suaahara letters. Very few members of WCF reported informing mothers about getting nutrition from local produce and suggesting people to make toilets and taking care of sanitation.

4.2 IMPARTING INFORMATION AND SERVICES

4.2.1 INFORMATION SHARING ABOUT 1,000 DAYS MOTHERS

While both health and non-health FLWs have generally referred to the beneficiaries as 1,000 days mothers during the FGDs, the term itself wasn't discussed, and a few *Suaahara* FSs in Syangja and Sindhupalchowk were observed during shadowing explaining the term to the beneficiaries.

During a cooking program in Sindhupalchowk, the *Suaahara* FS explained to the group:

> And the other is golden 1,000 dayss. This period starts since the pregnancy till two years after delivery. Pregnancy period is for 9 months in which there are 270 days and in 2 years, there is 365+365- this is 730 days. So, in total it makes 1,000 dayss. Within these two years, 80% of thebrain development [of the baby] takes place; it starts to walk, talk, read and becomes sharp.
>
> - Suaahara FS, Sindhupalchowk (Shadowing)

4.2.2 IMPARTING INFORMATION ON NUTRITION

"Harek baar, khana chaar": Most FLWs shared that *Suaahara* focuses on four food groups every day for 1,000 days mothers and children.

Among health FLWs, almost all the FCHVs, *Suaahara* FSs and health workers shared that mothers and children should eat four varieties of food including green leafy vegetables, fruits, fish, meat, curd, milk, pulses and cereals. Almost all of them reported that they teach women and their families about, *"harek baar, khana chaar."* During an FGD in Rupandehi, an FCHV mentioned that when they ask the beneficiaries to include fruits in their diet, they said they didn't have fruits despite fruits like papaya growing in their own homes.

> They think that fruits brought from markets are fruits and those produced in their own homes are not. We tell them that it [papaya] is also a fruit. There is dried pumpkin in the house and we tell them to eat it after boiling it. Green leafy vegetables are also present in our own houses.
>
> -FCHV, Rupandehi (FGD)

None of the non-health FLWs exactly mentioned "*harek baar, khana chaar*", but they reported suggesting women to have nutritious food. A WCF member in Sindhupalchowk said that when he told women to make food nutritious by adding pulses, pumpkin, and green leafy vegetables the beneficiaries said it was not tasty.

During shadowing, a few *Suaahara* FSs were observed explaining in detail about the four food groups and the different foods in each category to the beneficiaries. However, most of

them mentioned in general about *"harek baar khana chaar"* and different foods that need to be included in the daily diet.

> After that, the Suaahara FS asked the FCHV for flour. She brought the flour and the Suaahara FS kept all the ingredients together and asked, "How many kind of foods are here? Please see and tell. We say harek baar, khana chaar. Is everything here?" The mothers said all at once, "There are more than 4 items." Again, the Suaahara FS asked, "How? Please tell." A discussion of naming the ingredients took place among the mothers. The Suaahara FS said, "Spinach, fenugreek spinach and pumpkin falls under the same group and it is called green leafy vegetable and fruit group. Similarly, pulses fall under another group. Ghee falls under livestock group and flour under cereals groups. So, isn't this of four groups?" The 1,000 days mother said, "Yes."
>
> - Suaahara FS, Sindhupalchowk (Shadowing)

Maternal nutrition: Most health FLWs, especially FCHVs, Suaahara FSs and health workers maintained that they continuously tell the beneficiaries about one additional meal during pregnancy and two additional meals for lactating women, consisting of four food groups every day. A few non-health FLWs also reported imparting information about additional food for pregnant and lactating women.

> We tell them to feed additional food to the pregnant women and lactating women….we tell them to include green leafy vegetables, yellow fruits, fish, meat, and so on.
>
> -FCHV, Darchula (FGD)
>
> Yes, they [pregnant women] have to eat an extra meal. They should eat at least 100 grams of greenleafy vegetables per day.
>
> -HFP mother's group, Darchula (FGD)

The Suaahara FSs and FCHVs, during their home visits, asked the pregnant and lactating mothers what they were eating and reminded them to include green leafy vegetables, legumes, meat, fish, eggs and fruits in their diet. Some women in Rupandehi shared that they are vegetarians and the FCHVs suggested that they should be eating more fruits. Among the very few FCHVs who went for home visits during shadowing in Rupandehi, some of them were observed suggesting the pregnant women to take a lot of soups, vegetables, fruits and curd.

> **FCHV:** What things do you eat?
>
> **Pregnant woman**: Pulses, rice and vegetables.
>
> **FCHV:** Vegetable leaves?
>
> Pregnant woman: Sometimes.
>
> **FCHV:** Drink sufficient soup of pulses, it is good. Eat vegetable leaves; it will be good for you. The FCHV went to another home and asked the pregnant woman saying, "After preparing that tiffin, please come here for 5 minutes."…The pregnant woman came to us and sat on the edge of the bed on which we were sitting. She said, "What should I say?"
>
> **FCHV**: What nutritious foods do you eat?
>
> **Pregnant woman**: I eat rice, pulses, vegetables and green leaves.

FCHV: Eat a lot of soup of pulses and vegetables. How often do you eat meat and fish?

Pregnant woman: I am a vegetarian and I do not eat those foods.

FCHV: It is okay. If you do not eat meat and fish, you should eat fruits and vegetables.

Pregnant woman: I eat all those but I rarely eat fruits (laughs). I eat the foods which I like.

FCHV: You should have milk and curd. Please have regular check-up. Take “iron” tablets.

-FCHV, Rupandehi (Shadowing)

Food demonstration: Almost all the FCHVs and Suaahara FSs have said they conduct demonstration programs every three months to impart information and skills about proper cooking techniques to the beneficiaries. They shared that they cook jaulo, lito, pumpkin pudding, and carrot pudding by adding green vegetables and teach mothers to cook food and feed their babies. Non-health FLWs also reported that Suaahara FSs and FCHVs conducted cooking programs for women and children.

In every ward, there has been program of making khichadi that is fed to the women and children.

-SM, Rupandehi (FGD)

An FCHV washing green leafy vegetables during a food demonstration program in Sindhupalchowk

The food demonstrations, conducted jointly by the *Suaahara* FSs and FCHVs, were observed in Sindhupalchowk and Darchula and demonstrated how to cook pumpkin pudding and carrot *haluwa*[7] In Sindhupalchowk, an FCHV cooked while a *Suaahara* FS imparted information and other messages about *Suaahara.* But neither of them explained the cooking process. However, in another cooking program in the same district, the *Suaahara* FS explained the process and also emphasized that iodized salt should be used and that the salt should be added after the food is cooked so that the iodine is preserved.

> The carrot pudding is cooked. One of the mothers took it out and mashed it. She said that the pulse isn't being mashed properly and continued mashing. After that, the Suaahara FS asked for salt and the mother who was mashing added powder salt. The Suaahara FS said, "Sisters, please see when the salt must be added and what kind of salt must be added." The mothers said that the salt must be added after the food is cooked and powdered or "iodized" salt should be added.
>
> - Suaahara FS, Sindhupalchowk (Shadowing)

Additionally, some *Suaahara* FSs and FCHVs were also observed sharing information about cooking process during home visits.

> **Suaahara FS:** (Taking out visual booklet from the bag.)
>
> **Suaahara FS:** Okay, let's talk about how to make [jaulo], super flour today.
>
> Woman: Okay.
>
> **Suaahara FS:** (Showing visual booklet) This is the way to make super flour, look at this. There should always be 1 part lentils and 2 parts cereals in super flour. For example, if you start making super flour of 3 mana [a unit measuring quantity], keep 1 mana rice, 1 mana corn and 1 mana soybean. If you make super flour in this way, the child will get balanced diet. And it is easy to make [jaulo] as well. First, you should wet 1 handful lentils and 1 handful rice. And chop a little green vegetables. Then cook the green vegetables with lentils and rice. It is even better if you cook it in "cooker" [referring to pressure cooker].
>
> **Woman:** Oh. Now I should make [jaulo] today putting green vegetable in it. (She said it smilingly.)
>
> -Suaahara FS, Syangja (Shadowing)

Junk food: A few health and non-health FLWs have mentioned that they tell community members that locally produced foods are more healthy and nutritious than packed foods available in the market. There hasn't been much discussion in the FGDs about junk food but during shadowing, s few Suaahara FSs were observed explaining why junk food should be avoided. However, in one instance, a *Suaahara* FS did not respond when he saw a woman give cheese balls to her child.

> While talking about children's food, he also talked about junk food. He said, "The children take a long time to digest instant noodles and cheese balls. Such foods decrease the appetite for other foods and take place of other foods. Due to that, the children don't get enough nutrition and there is no physical and mental development. We are paying for the disease of our children.
>
> - Suaahara FS, Sindhupalchowk (Shadowing)

[7] Haluwa is a dense and sweet dish that can be made from various ingredients.

The child was playing with the sickle, the woman seized the sickle and the child started to quarrel. The Suaahara FS was sitting quietly. The woman tried distracting the child but failed. The Suaahara FS then showed him his blue plastic and said, “Come here. I will give you this toy.” But the child didn’t stop. Then he said, “Feed him your milk.” The woman went inside and brought a packet of “Kwicks cheese balls” and gave it the child. Still the child was not convinced. The Suaahara FS didn’t say anything when she gave the child the packet of cheese balls. Later, she breastfed the child and the child stopped crying.

- Suaahara FS, Syangja (Shadowing)

4.2.3 IMPARTING INFORMATION ON INFANT AND YOUNG CHILD FEEDING (IYCF)

Almost all health workers, FCHVs and Suaahara FSs said during the FGD that they provide information about exclusive breastfeeding for six months and emphasize not to feed anything else to the child in the first six months.

We provide information about different things. For example, everyday four food groups must be consumed and after that breastfeeding child for six months, the importance of breastfeeding, to give information about the different minerals found in milk, about the matters of positions and contact with child.

- Suaahara FS, Syangja (FGD)

I suggest the pregnant women to eat fish, meat, and eggs. I suggest to breastfeed within 24 hours of the childbirth, to feed only mother's milk till 6 months of age, about sanitation, her and her child’s nutrition. I suggest her to not even give water to the child for the first six months.

-ANM, Rupandehi (FGD)

During FGDs, most *Suaahara* FSs, FCHVs and health workers said they teach women about the correct positioning for breastfeeding, i.e. holding the breasts in C-shape rather than scissors- shape. They added that they teach women to feed from both the breasts and to feed from one breast for at least 15 minutes before moving to another.

When the women come for vaccination here, they say that they breastfeed their child in a hurry and go to the field. I persuade those women in “local” language, “You should not breastfeed your child every morning in a hurry. You should feed them in this way (demonstrating correct way). When the milk is finished on one side, then you should feed from the other side. When you breastfeed your child, first water-like milk will come but later on thick milk will come. If you feed this milk, then your child will be very healthy and good.” We convince them in this way.

-ANM, Rupandehi (FGD)

Almost all the health FLWs talked about sharing information on exclusive breastfeeding and frequency of breastfeeding. FCHVs, health workers and *Suaahara* FSs reported sharing information about exclusive breastfeeding and complementary feeding. However, during shadowing it was observed that detailed information about breastfeeding, such as correct positioning was shared only by *Suaahara* FSs, and not FCHVs, during home visits and demonstrations.

….Then displaying pictorial booklet (sachitra pustika), the Suaahara FS asked in the group, "Do you know how to feed milk? About the position? We say that mother's milk is insufficient [in terms of quantity]. Is there anything that measures milk?" On hearing this question, everyone quickly replied, "No." While feeding milk to the child, the position of the mother must be like this (Suaahara FS demonstrated to the group using her hands). Gesturing with her hand, she taught the group that child's head must be straight and nipple should not be held in scissor shape but rather in C shape. And the dark area around the nipples must be covered by the child's mouth. She continued, "If position and contact is not right, then milk cannot flow and we say that milk is not sufficient. While carrying the child, baby's stomach and mother's stomach should adhere to each other. Now, everyone bend the other side and swallow your saliva." The Suaahara FS requested the women in the group. Everyone bend their head to one side and started swallowing their saliva. "Exactly, if the position and method of breastfeeding is not correct, it's difficult for the child." The Suaahara FS taught the group in this way.

- Suaahara FS, Syangja (Shadowing)

During a food demonstration in Sindhupalchowk, a *Suaahara* FS said to the women:

The child should be breastfed 12 times a day and at least for 15 minutes at a time. The more the child sucks, the more is the flow of the milk. So, the child should be fed more.

- Suaahara FS, Sindhupalchowk (FGD

That particular *Suaahara* FS from Sindhupalchowk also added that one should stop feeding the baby only when the baby pushes his head back. Another *Suaahara* FS in Sindhupalchowk referred to the breast milk as a "factory" and said that the more it is sucked, more milk is produced.

The *Suaahara* FSs in Syangja and Darchula, during their home visits asked women about breastfeeding frequency. Some women have shared that they feed 8-9 times, while some shared that they feed 3-4 times a day. In Syangja, the *Suaahara* FSs said that the women must feed more than 8-9 times a day but in Darchula, despite asking about the topic, the *Suaahara* FSs did not discuss how many times the women should actually feed the baby, though they did discuss the correct positioning for breastfeeding.

During home visits, while interacting with the family members in 1,000 days households, the *Suaahara* FSs and FCHVs also discussed active feeding. They shared that the children should be engaged rather than coerced while feeding. Non-health FLWs reported telling women that they should breastfeed but did not report sharing information on breastfeeding positioning.

A male VDC representative from Rupandehi said females should share information about breastfeeding and recounted the below.

I found it difficult to talk about breastfeeding with my sister-in-law…how to say that the contact must be like this with the breast, baby's lips must be here…it is awkward for males to impart this information.

-VDC representative, Rupandehi (FGD)

Almost all the FCHVs, *Suaahara* FSs, and health workers reported that they teach women to feed four food groups to the child after six months. They provided information about preparing foods like *jaulo, lito* inclusive of green vegetables, yellow fruits, meat and eggs.

Non-health FLWs mentioned that they learned the importance of exclusive breastfeeding until six months and complementary feeding, but only a few of them reported imparting that information to beneficiaries.

> I asked her to breastfeed the baby and suggested her not to feed baby with buffalo milk. And, I also told her to feed the baby with mother's breast milk only for six months.
>
> -CAC member, Syangja (FGD)
>
> Before we conduct any program, we tell them things starting from breast feeding up to 6 months in correct position and number of times, giving the baby complementary meal and sanitation as well.
>
> -VDC representative, Syangja (FGD)

During shadowing, almost all *Suaahara* FSs and the few FCHVs who conducted home visits were observed sharing information about exclusive breastfeeding, complementary feeding, or nutritional diversity, which is referred to as "*harek baar, khana chaar*", meaning there must be four types of food for the children. For example, beneficiaries are provided the example to eat, pulses, fruits, green leafy vegetables and yellow fruits, cereals and livestock products.

Some *Suaahara* FSs also said that the mother should be breastfeeding more when the child gets sick and if the child is being fed complementary food, it should be fed one additional time until two weeks of recovery. A *Suaahara* FS in Syangja shared that if the child below six months is unwell, it should be fed plenty of mothers' milk and if the child doesn't get well, then it should be taken to the health post, and if the child is above six months, then it should be given plenty of nutrition.

4.2.4 IMPARTING INFORMATION ON CARE FOR PREGNANT AND LACTATING WOMEN

Both health and non-health FLWs have maintained that they share information about visiting health facilities during pregnancy and for delivery. Almost all FCHVs, *Suaahara* FSs and health workers said that they tell women about the importance of ANC visits and remind them to take iron tablets from pregnancy till 45 days after delivery. They also said that they recommend the women to take Tetanus Toxoid (TT) injections and de-worming tablets.

Similarly, most non-health FLWs such as WCF members, VDC representatives and CAC members frequently mentioned that they advise women to visit health facilities for pregnancy check-ups and delivery and to, take iron tablets.

The shadowing also revealed that some *Suaahara* FSs and FCHVs asked pregnant women whether they were going for their pregnancy check-ups regularly and if they were taking iron tablets. A *Suaahara* FS in Syangja also checked the iron tablets file and reminded the pregnant woman to keep it under her pillow so that she doesn't forget to take the tablets. Similarly, an FCHV in Darchula asked a woman whether or not she regularly takes iron tablets. In Rupandehi, a pregnant woman came to an FCHV's house and the FCHV was observed providing her with iron tablets.

4.2.5 IMPARTING INFORMATION ON FAMILY PLANNING (FP)

The FGD data reveal that there hasn't been much discussion around disseminating information on HTSP but participants reported learning new things about HTSP through trainings. Among health FLWs, some *Suaahara* FSs and health workers mentioned talking to women about temporary and permanent FP methods.

If someone already has 2-3 children, I suggest using the permanent FP device now rather than temporary.

-FCHV, Sindhupalchowk (FGD)

One of the mothers already had a baby. She was planning to conceive her next baby before that baby had completed 2 years. We learned in the training that mothers may die if they conceive the next baby within two years of birth of the first baby. So, we suggested to her not to deliver the next baby within 2 years.

-Peer facilitator, Rupandehi (FGD)

Some FCHVs and health workers in a VDC in Syangja said that it is difficult to convince people to use FP methods. For example, the health facility in-charge of the VDC shared that a man had come to the health facility saying that he'd seen on television that if the implant is left for many days, the female will suffer from many problems. The in-charge said he tried convincing him of the truth but it was difficult. The in-charge also said:

Such type of situation exists here. We have "encouraged" LAM. We tell them to follow LAM and add that it is helpful for the child as well as the mother. From Suaahara we learned that even if isn't 100% sure, if LAM is followed, a certain degree of protection is ensured.

-Health facility in-charge, Syangja (FGD)

A few *Suaahara* FSs in Rupandehi and Syangja shared that counseling on FP is difficult in Muslim communities. A *Suaahara* FS in Rupandehi reported that he counsels women on FP with their husbands because otherwise, the women won't meet with him. Other male *Suaahara* FSs reported similar challenges, explaining that in comparison to other messages, it is difficult to discuss FP with the beneficiaries, especially if other family members are around. The non-health FLWs did not mention providing any FP information

During shadowing, most of the *Suaahara* FSs and a few FCHVs were observed sharing information about spacing between pregnancies. A *Suaahara* FS in Syangja, discussing FP to a beneficiary during a home visit, said:

FP is connected with nutrition, so I would like to talk to you about this…..The children may be malnourished if a woman gives birth every year. If there is spacing between the births of two children, then a child will get proper nutrition. Birth spacing should be about two years. For this, FP devices are available in the health post.

- Suaahara FS, Syangja (Shadowing

Similarly, during a food demonstration, a *Suaahara* FS in Sindhupalchowk explained:

You should conceive your second child only after the first child completes 24 months ……If you bear the next child shortly after one is born, the former cannot develop properly. In villages, the reason why younger brother is taller and healthier than the elder is because after the younger brother is born, the elder is deprived of mother's milk.

- Suaahara FS, Sindhupalchowk (Shadowing)

In one instance in Rupandehi, "son preference" was observed as a barrier to FP. This was observed during shadowing where an FCHV herself expressed her preference for a son.

Suaahara FS: How many children do you have?

1st Woman: One is eight years old and the other is 3 years old, this one is a year old.

FCHV (interrupting): She will use contraceptives only after a son.

Suaahara FS: You are an FCHV, yet you say this!

FCHV: Who will look after us in the old age if we do not have a son?

Suaahara FS (looking angry): Your daughter and son-in-law will look after you.

2nd woman: Though I have delivered two daughters already, my husband says we need a son, so I will have another baby.

Suaahara FS: That is not right. You should counsel your husband saying there is no difference between a son and a daughter. How will you raise and educate many children? You have to deliver and bear the troubles, so counsel him.

-Rupandehi (Shadowing)

4.2.6 IMPARTING INFORMATION ON WATER, SANITATION AND HYGIENE (WASH)

Hand washing information: Most health and non-health FLWs reported sharing information about hand washing in the community. Most *Suaahara* FSs and FCHVs said they talked about hand washing when they visit homes, during food demonstrations, and in mothers' group meetings. The health workers also reported discussing hand washing with community members during regular interactions. Most non-health FLWs reported sharing information about hand washing.

Though we are not doctors or CMA who have studied health, we give general advice related to health. We advise them to wash hands in this way, to wash hands after a child urinates, not to eat anything before washing hands, once they touch the dirt. We have to wash hands as different germs may attack us and we may fall sick. We also impart the information that we should urinate and defecate in the toilet. Talking about myself, I do the administrative work in the VDC, but whenever required, I also participate in the programs related to health, nutrition, and agriculture, and impart whatever information I have. We do many such things outside of our sector.

-VDC representative, Syangja (FGD)

We tell about the technique of hand washing….washing hands while feeding the child...washing hands of child also. That's all, sir. The daughter in law should teach to the mother in law about washing hands before feeding the child (laughing).

-WCF representative, Darchula (FGD)

Health FLWs shared that tubs, towels, and soaps were distributed. The tubs and buckets imprinted with USAID's, *Suaahara*'s and Tuki Sangh's [LNGO] logos were observed in Sindhupalchowk district. *Suaahara* FSs in Darchula and Syangja also mentioned distributing *Suaahara* materials for hand washing in the community.

AHW: The supervisors have also emphasized that washing hands is a must before feeding the child. In coordination with the health facility "plus" VDC, we distributed [tubs and buckets] to FCHVs. We distributed it [tub and buckets] in their [FCHVs] responsibility but they are not supposed to use it for their personal use. We take the materials in the meeting of WCF. We also take it in the mother's group meeting; we take it when we have "food demonstration". Along with this, if there are any such programs, we use it.

M: So our FCHVs have got those tub and buckets?

FCHV: Yes. Towel, soap, soap case, tub, buckets.

-Health group, Syangja (FGD)

Information regarding hand washing was disseminated during home visits and various food demonstrations, as observed during shadowing. Also, in Syangja, field researchers observed International Hand washing Day being celebrated during the data collection process. The hand washing day program was conducted with the 1,000 days mothers and also in a school by *Suaahara* FSs. During shadowing, the *Suaahara* FSs were also observed asking women when and in what situation do they wash hands and then explaining the importance of hand washing. The women in the households shared that they wash their hands with soap after using the toilets, before eating, before cooking and after touching dirt.

A *Suaahara* FS in Syangja mentioned 6 "key times" for hand washing to the women who had gathered for the food demonstration and said:

Including thrice before and thrice after, you have to wash hands six times: before cooking, before eating, before feeding the child, after cleaning child's excreta, after using toilets and after touching dirt or handling garbage.

- Suaahara FS, Syangja (Shadowing)

Suaahara FSs in Sindhupalchowk also emphasized the necessity of allocating a fixed place with soap and water to wash hands. One *Suaahara* FS in Sindhupalchowk was observed advising a woman, who didn't wash her hands before using a spoon to eat, that even when eating with a spoon, one must wash hands. She added that the children also eat with spoon but they also lick their hands. In this way, the *Suaahara* FS imparted hand washing information.

Interestingly, during shadowing of a *Suaahara* FS in Sindhupalchowk, a field researcher faced a situation where there was no soap in the health post.

I came out from the toilet and asked the Office Assistant of the health post if there was any soap. He hesitated for a while, entered the delivery room and searched here and there. He looked out the window and said, "It seems that the soap has been taken away by rats. They have even taken the soap case. I will give you once the program finishes. There is soap, but it is inside the cupboard in the administration room. There are many people here right now, so I can't open the cupboard." I was surprised to see there was no soap and proper place to wash hands in a place like the health post, even more to see that there was no provision of soap in a place as sensitive as the delivery room.

-Field researcher, Sindhupalchowk (Shadowing)

The following excerpt has been taken from the shadowing of a *Suaahara* FS in Syangja.

Suaahara FS: And when do you wash your hands? Soap water?

Woman: Before eating, after I help my child in the toilet, after I use toilet myself, after handling dirt…

Suaahara FS: You missed one. You missed the vital one itself.

Woman: Which one?

Suaahara FS: When I asked you earlier, you said about washing your hands before breastfeeding the baby (woman smiled). You should wash hands with soap water time to time, you should always wash

hands before feeding the child, before breastfeeding the child.

To mark International Hand washing day, a *Suaahara* FS in Syangja had organized a program for hand washing. She maintained that though the actual day had already passed, she is organizing the program within that context. The following excerpt presents how the FCHV and *Suaahara* FS taught the importance of hand washing to the beneficiaries:

When the FCHV was getting the signatures, the Suaahara FS called her and told her to explain the process of hand washing. The FCHV went where the Suaahara FS was sitting. She said, "One of you participants can come forward. We can understand even better if we demonstrate "practically"." The FCHV looked at all the participants and told a participant to come forward. Three glasses with clean water, soap and a small water tub were kept in front of her. The FCHV made the participant wash her hands with a glass of water first. The water was collected in the tub. The water in the tub was again filled in the same glass. The water looked dirty. The FCHV made the participant wash her hands with soap with another glass of water. That water was also filled in the glass. (The water looked even dirtier and foamy.) The FCHV again made her wash her hands with the third glass of water and filled that water in the glass, too. The water looked clean. After that, the FCHV said to the Suaahara FS (laughing), "Come Madam, we have three types of water."

The Suaahara FS went and sat in the front. She also washed her hands in the same way the FCHV had made the participant do and showed it to all the participants. At first, she washed her hands with water only, with soap and water at the second time and again with water only at the last time. Then the supervisor picked up a glass and showed it to everyone saying, 'The water from the first wash is dirty. The water in the second glass is even dirtier, and the water from the last time is quite clean.'

-Observing Hand washing day, Syangja (Shadowing)

Open Defecation Free campaigns: Most health and non-health FLWs reported disseminating information about making and using toilets at home. FLWs in all districts shared that not all households in the VDCs had toilets and that the community people say they don't have money or land to construct toilets.

In Rupandehi, an ANM shared a local cultural barrier to toilet construction and explained how a village elite had said that two toilets were needed and one wouldn't be enough. When asked why it is not enough to build just 1 toilet, she said that the wife and the daughter-in-law should not use the toilet that is used by the father-in-law and brothers-in-law. In another instance, during a home visit performed by the *Suaahara* FS in another VDC, a woman shared she had two toilets in her home.

An Open Defecation Free sign in a VDC in Rupandehi

Health as well as non-health FLWs from Rupandehi and Sindhupalchowk reported halting VDC services to people who did not have toilets in their homes, in order to encourage them to build toilets.

> In many places, the VDC has declared that they will not get an old age allowance, a citizenship certificate, a reference letter or anything else.
>
> -WCF member, Sindhupalchowk (FGD)

This was also seen in Rupandehi where the *Suaahara* FS shared that in some places, people are making toilets because they need a recommendation letter from the VDC for their sons to apply for foreign employment. The V-WASH-CC and VDC representatives in Sindhupalchowk reported sending letters to houses to construct toilets and reported issuing public notices.

In Darchula, a SM shared that they used the VDC block grants to construct toilets:

> …Now, as for making toilet, we have to make it for "DAGs" and it's happening now. The total budget of VDC in the last year had gone for toilet construction. We had employed an ANM from our VDC only for different topics of toilet construction. We included all the expenses in toilet management except salary and allowances. Some was allocated in agriculture sector as well… it went for kitchen garden and green vegetables under nutrition. We did ward gathering and decided that in whatever topic we get the budget from our VDC for our ward, we would use it for toilet construction. Then, when there was a decision from Integrated Planning Committee, they provided with promotion plan for toilet. They divided budget and gave it. There was a budget for very poor and Dalit and for children as well. Those were all given for the toilet construction.
>
> -SM, Darchula (FGD)

During home visits conducted by *Suaahara* FSs in Syangja and Rupandehi, they asked the women whether they had toilets in their home or not. They also asked women where they disposed of their child's feces and reminded them to always dispose these in toilets. In one instance, where there was no door on the toilet, a *Suaahara* FS explained to the woman that in the absence of a door, flies may enter the toilet and then contaminate food, which may result in children getting ill frequently. The *Suaahara* FS further advised to keep a plain tin if they could not afford a door.

During data collection, a VDC in Rupandehi had an intense ODF campaign and the *Suaahara* FS along with the WASH representative were very busy collecting data on households that had toilets and telling people that they should build toilets with any available materials. Very few people in that VDC had toilets; even one of the FCHVs didn't have a toilet in her home. In the same VDC, a meeting was held in the VDC office where FCHVs, Suaahara FSs, WASH representatives and VDC representatives had gathered in large numbers because there had been talks of financial discrepancies in the ODF campaign in buying and distribution of rings for the toilets construction, which involved *Suaahara* as well.

4.2.7 IMPARTING INFORMATION ON SEED DISTRIBUTION

Most health and non-health FLWs were aware that the seed distribution takes place in DAG VDCs only. However, in Darchula, seeds were distributed to all 1,000 days mothers in the study VDCs.

Both health and non-health FLWs in Darchula and a few health and non-health FLWs in other districts shared about the process of seed distribution and the problems in this process. In VDCs where seeds have been distributed, FLWs have shared that the seeds of 3 seasons were distributed. A *Suaahara* FS in Darchula said that they distributed seeds for winter, summer and annual seeds. The FCHVs, WCF members and SMs in the VDCs have said that they distributed seeds of cucumber, lady's finger, *kangkung*, radish, cauliflower, coriander, carrot, pumpkin, mustard, and mushroom according to the season.

> When distributing the seeds we go to each ward….we gather the target groups…we inform the FCHV on the day prior to distribution. We tell her that we would come in that ward the next day and distribute seeds. And they [FCHVs] gather in one place. We unpack one whole packet of seeds and show them how to plant it and tell them how many types of seeds are there in the packet. We show them how to plant those vegetables by "demonstration" and plant it and suggest that theyshould also plant like that.
>
> - Suaahara FS, Darchula (FGD)

FCHVs in Syangja and Rupandehi reported some vegetables like cauliflower and radish being good in their kitchen garden but problems with seed germination.

Some health and non-health FLWs also shared that they face problems with seed distribution. In all the districts, they reported seeds arriving late, sometimes too late for germination. The data from shadowing also shows that many have complained about seeds not germinating. During a home visit in Darchula, the *Suaahara* FS asked the woman if she had eaten the spinach. She said that she had it before but it didn't grow now. Another *Suaahara* FS in another VDC in Darchula said that the seeds have less germinating capacity in winter and maybe they should provide seeds according to the temperature.

In Rupandehi, some FLWs reported that although the seeds have germinated and the plants have grown, they are not bearing fruits. A livestock extension worker in Rupandehi said that it could be because of poor seed quality. However, in another VDC in Rupandehi, a WCF member said that good seeds were distributed and the green leafy vegetables were growing well and they were really tasty.

Also, there were concerns about an insufficient amount of seeds. A SM and a WCF member in Darchula and an agriculture extension worker in Rupandehi said seeds were insufficient to distribute and therefore caused problems with distribution decisions.

4.2.8 IMPARTING INFORMATION ON CHICKEN DISTRIBUTION

Most health and non-health FLWs were aware about *Suaahara* distributing chicken to households with 1,000 days mothers in DAG VDCs. In Darchula, the chickens were distributed to all 1,000 days mothers in all the study VDCs similar to seed distribution. In Rupandehi, a *Suaahara* FS said that 142 houses were identified for chicken distribution (160 including FCHVs' houses, but the chicken were only distributed to

151 houses as some people refused e chickens. Likewise, a *Suaahara* FS in Darchula also said that generally the *Thakuri*[8] caste refuse to take chicken because the chickens are considered impure. The *Suaahara* FSs in all the districts have said that the program supports Rs. 1500 for the DAG households to make hencoops to rear the chicken.

A hen coop in Darchula

Most FLWs from the VDC where chicken distribution was done were not very satisfied with the chicken distribution. Both health and non-health FLWs of these VDCs, mostly the *Suaahara* FSs, FCHVs, WCF and CAC members complained about chickens dying soon after the distribution.

The FCHVs in Darchula and a livestock extension worker in Syangja said that chickens died before they even reached the homes.

In Rupandehi, a *Suaahara* FS said that the people rear the chicken distributed by *Suaahara* like they did earlier. She said that a certain temperature had to be maintained for the chicken and because it gets very hot, the chicken had to be fed glucose that doesn't happen when

[8] Thakuri is considered a high caste group in Nepal

they reach the village. She also said that training was conducted to inform about the time of vaccination and also a 1 day orientation was given to all the group members.

In Syangja and Darchula, health and non-health FLWs said that despite making the hencoops, the chicken haven't been distributed and thus people are annoyed with *Suaahara*.

> The people in ward number 7 made their hen-coops properly but there are no chickens in it. He [field supervisor] told them that he would provide the chicken in the month of Poush [December- January] but he did not provide it even in the following month….so the hen-coops are just there without chicken.
>
> -SM, Darchula (FGD)

In the non-health group, a WCF member and a livestock extension worker in Syangja said if beneficiaries were informed about how to take care of the chicken, it would have helped. However, a VNFSSC member in Syangja said they were taught what drugs were available if the chicken fell sick and how they should give these to them. He said the chickens died because they didn't provide drugs to the chickens in the right way and didn't even ask [to concerned bodies].

During home visits, none of the *Suaahara* FSs and FCHVs were observed imparting information about how to care for chicken and how to prevent them from death. They just asked about the hencoop and explained its importance related to the garden and also asked whether the chickens are dead or alive and how many were left. They also said that if the chickens are set free, children might eat their droppings and get sick. A *Suaahara* FS in Syangja said during a home visit:

> You should lock all the chicken, not only the ones given by Suaahara. If you let them free, the baby will eat the chicken droppings and that is very poisonous for them. If you keep them in the coop, then only you will get to eat the vegetables.
>
> - Suaahara FS, Syangja (Shadowing)

But not everyone made hencoops. Some Suaahara FSs and FCHVs in Darchula reported that people did not make half enclosed hen-coops. Some beneficiaries complained that they did not have money to make the coop and that Suaahara should make it for them.

4.3 IEC/BCC MATERIALS

4.3.1 AVAILABILITY OF MATERIALS

Most health FLWs reported that the IEC materials in good condition were available and there were no problems in receiving the materials. The FCHVs shared that the only problem they face was that the children in the village tore the posters that were pasted in their homes. Some of them also reported that there were insufficient amounts of materials to distribute to all beneficiaries.

Non-health FLWs reported being aware that the materials were available to the FCHVs in their communities but said they hadn't received it. However, VDC representatives said that they had some posters in the VDC building.

> In the ward, where there is an awareness center [referring to CAC], they have given one book and a flipchart. In that, there are all the topics of discussions of Suaahara. It is good.
>
> -SM, Darchula (FGD)

4.3.2 USE OF IEC MATERIALS

Most *Suaahara* FSs, FCHVs and health workers reported using discussion cards, posters, flip charts, and pictorial booklets to disseminate information to the beneficiaries.

> It has pictures of breastfeeding, what kind of medicines to feed. There are photos of women. There are lot of things like giving polio drops…I show the posters about cleanliness to feeding of baby.
>
> -Traditional healer, Rupandehi (FGD)
>
> When we first gave the training we made the "materials" ourselves. Now, various "posters" are available for us. There are separate "posters" for cleanliness, separate for breastfeeding for first 6 months. They already have 7 messages related to additional supplementary food. We used to convey 5-6 messages in the village before. Now, there are already 7…..while discussing, we discuss from the pictorial booklet.
>
> - Suaahara FS, Sindhupalchowk (FGD)
>
> We use that same picture of that flipchart. In the mother's group meeting also, we use the same flipchart. In some places, the flipcharts are not needed, so we don't use them.
>
> -FCHV, Sindhupalchowk (FGD)

Similarly, an AHW in Sindhupalchowk said that they use the same flipchart given by *Suaahara* and share the 6-7 messages from it. The health workers in other districts also claimed to use the flipcharts while counseling women about breastfeeding, FP and healthy eating practices.

> In the group, we teach them to grow green leafy vegetables, yellow fruits……we got those cards and "posters". We show that to them. We show the posters regarding chicken raising and vegetables.
>
> -FCHV, Darchula (FGD)

Among non-health FLWs, a SM in Syangja and a traditional healer in Rupandehi reported sharing information using posters while the other FLWs, such as members of the WCF, in the VDC reported that they had seen the posters and think that they are "colorful" and clear.

During shadowing, most *Suaahara* FSs were observed using discussion cards, the "*U Pa Ma Ba Pra Sa Sa*"[9] flipcharts, and posters during the home visits and food demonstrations. In Syangja, the *Suaahara* FSs and FCHVs were observed using posters related to hand washing.

A *Suaahara* FS was observed using posters, flex prints, and pictorial booklets related to additional and complementary feeding. During observation, some posters were seen pasted in FCHVs houses but they didn't use anything when they went for home visits.

> After collecting names, the Suaahara FS showed the card and said, "Today, we shall discuss on the red bordered card." The Suaahara FS first showed a card to the participants so that all of them could see it clearly. He showed it 2-3 times by holding it in his right hand. Then he asked, "What do you see in this card?" Everybody looked at him silently. The Suaahara FS said, "The card shows that the parents of the baby are worried as the baby is not taking breast milk. They do not look happy. In such case, when the baby is not well, we should take the baby to the health post for check-up." All the participants said yes. The Suaahara FS asked if any of their children had such problems. Everyone replied no. Again the Suaahara FS took out another card and showed it to all the participants and

[9] U Pa Ma Ba Pra Sa Sa discussed earlier in Chapter 3

asked what was shown in the card. Everyone began to chat. The Suaahara FS said, “In this card, after the baby is six months old, in addition to mother’s milk, one needs to feed other nutritious liquid foods.”

- Suaahara FS, Darchula (Shadowing)

FLWs who had used the IEC materials shared that use of these materials was very effective as the messages became clear to the recipients when they saw pictures rather than them only explaining orally. An FCHV in Syangja said that she doesn’t have to speak after showing the photos.

When we show them the book, they want to look for more time. They also feel good when they look at the pictures.

-Peer facilitator, Rupandehi (FGD)

A WCF member in Rupandehi referring to a board with information about toilet construction, said:

Suaahara has kept a board here to make toilets. Because of that board, we have learnt many things like where to make toilets, how to defecate in toilet, from where to bring water.

-WCF member, Rupandehi (FGD)

4.3.3 *BHANCHHIN AAMA* (BA) RADIO PROGRAM

We asked the FLWs if they were aware of BA, whether they listened to it, and what they thought about it.

Most health FLWs were aware that BA broadcasts from the radio focusing on *Suaahara* messages. However, few reported listening to the program. Almost all *Suaahara* FSs and some FCHVs were aware of the program and also explained its contents. Most health FLWs reported that not many people in their community listened to the program.

It is broadcasted on Saturday and it broadcasts dramas which tell about: what kind of help should be provided to golden 1,000 days mothers, which is the period up to two years from pregnancy. It tells what help the husbands should provide, what help father-in-law and mother-in-law should provide, how much additional food should be provided to her in that condition. They also ask a question. They ask one question per week and on Thursday, we can call that program in toll free number and put forward our curiosity, advice and suggestions. Then, they ask question on Saturday and we can send answer through “SMS” and by phone. They choose a winner by lottery method.

-FCHV, Sindhupalchowk (FGD)

Most non-health FLWs in Syangja and a few in other districts were not aware of BA. Among them, only a few had listened to the program.

Despite low rates of awareness, those who were aware of BA said it delivered messages through drama. They also mentioned the toll free number for queries related to pregnancy care, feeding children, or other topics such as agriculture and livestock. They also said that the program asked questions and provided gifts to people who answered correctly.

In this program of Suaahara, they solve 5-7 problems in one program [referring to one episode]. When they call from all the places, there are problems like child not sucking milk, some complain that their child is almost 5-7 months but don't walk. The problems like these come in the program and they are solved, so this program is good.

-VDC representative, Sindhupalchowk (FGD)

A V-WASH-CC member in Rupandehi shared that she spoke on the phone in "*Amma kahal batin*" program and she got a small "torch" as a gift. Another V-WASH-CC member in Darchula also said that BA had done well noting that previously mothers-in-law stayed home while post-partum mothers went to cut grass, but since listening to BA, mothers now stay at home and mothers-in-law go to work because of which the child is breastfed and given *lito* on time.

We discuss about regular topics; we discuss in our CAC class. We make them discuss in that radio episode. We have to give comments related to it after they listen to the discussion. There are questions as well in the program. She had won answering the question (showing towards CAC member). We brought that prize some time ago. It had "Suaahara Bhanchhin Aama" written on it. We gave it to her in the middle of the program and we took photos as well. Now, they feel more assured to make the call. We dial the number and ask them to tell their thoughts. They feel awkward to dial the number and to talk as well. They can speak in their own language.

-SM, Darchula (FGD)

The *Suaahara* FSs in Sindhupalchowk were observed disseminating information about BA and asking women to listen to it. The *Suaahara* FSs also provided broadcasting and toll-free call in details. One of the beneficiaries shared her engagement with BA:

I have to listen to the Bhanchhin Aama program today. I still haven't got the answer to the question that I had asked few days back. I had sent an SMS asking what things need to be taken care of during pregnancy. The answer hasn't been given yet.

-Beneficiary, Sindhupalchowk (Shadowing)

Barriers to listen to *Bhanchhin Aama*: Despite having knowledge about the program, only a few FLWs said they listened to it. Most health and non-health FLWs said that people prefer watching television more than listening to the radio. The FCHVs in Syangja and WCF members in Sindhupalchowk said that in some places, radio signals don't reach preventing people from listening, in addition to people not knowing about BA.

We don't know about the program whether it comes or not. We have no attention towards FM, our attention is mainly towards TV. We give more attention about the programs and serials of TV. We do not care about the program that comes from FM stations.

- V-WASH-CC, Syangja (FGD)

An FCHV in Sindhupalchowk said that people may not listen to the program because they are busy when the program is broadcasted.

Recommendations for *Bhanchhin Aama* program: Some health FLWs and some non-health FLWs suggested that broadcasting in Nepal Television would be better, as listening to the radio is less common these days. A SM in Sindhupalchowk said it would be better if each episode was aired twice a week so that more people could listen to it. A few FLWs

suggested that in order to make the program effective, the timings of the program could be changed:

> The time is okay now [It was winter during the data collection]. But in summer, people would still be outside at half past six.
>
> -Sr. AHW, Darchula (FGD)
>
> …It would be better if the program could be broadcasted at around 8:30 or 9 at night and if it were a bit longer…we are involved in agriculture here and 6:30 means it is still the time for field work. The second point is that it is also the exact time for milking the cattle at home….they milk cattle at that time and don't get to listen to it. So, if it was broadcasted at around 8:30 at night at the "time" of cooking dinner, they would keep the radio right there and cook dinner. The entire family would sit together and listen to it.
>
> - Suaahara FS, Darchula (FGD)

4.4 PLACE OF PROVIDING INFORMATION TO BENEFICIARIES

We asked the FLWS where they provided information to the beneficiaries and this varied according to their roles. While most of the *Suaahara* FSs said they provided information during home visits, food demonstrations, and through mothers' group meetings, WCF and CAC, whereas the FCHVs said they provided information through mothers' group meetings, home visits and in informally such as while going to fetch water, working in the fields, going to cut grass, or during social gatherings. Health workers shared that they provided information when pregnant women and mothers visited health facilities, immunization camps, outreach clinics, and also in mothers' group meetings.

> We go for home visits or meet them in mothers' group meetings held once a month. Every 3 months, we teach them to prepare nutritious diet by going in their homes in different settlement areas.
>
> -FCHV, Sindhupalchowk (FGD)
>
> We go to their houses, we meet them when they are at home, when planting paddy and meet themwhile going to the market as well.
>
> -Peer facilitator, Rupandehi (FGD)
>
> We provide required information and suggestions to them [1,000 days mothers] when they come to the health post. We also discuss about these subjects during the health mothers' group meeting that is conducted in each ward every month. Our ANM goes there in the discussion and I also go sometimes. We also have lama, jhankri [traditional healers], I also provide some information to them regarding nutrition. And we conduct classes from time to time regarding nutrition in primary and secondary schools. As a whole, we are working with the motive to take our information related to Suaahara house to house and from people to people.
>
> -Health post in-charge, Syangja (FGD)

Non-health FLWs such as VDC representatives, WCF members mentioned that they met people generally when they went around in the community while some SMs and CAC members said they disseminated information through CAC meetings.

> We meet many women [referring to 1,000 days mothers] during ward meetings. We can give the information at that time too. There are weekly meetings in one's are organized by the CAC.
>
> -CAC member, Syangja

4.4.1 HEALTH MOTHER'S GROUPS

Health FLWS, mainly *Suaahara* FSs, FCHVs and health workers mentioned that the mothers' groups meetings take place monthly in the ward. They reported to discuss pregnancy care, food habits, diseases, hand washing and so on. The mothers' group, also called Health Mothers' Group, is formed in every ward with the initiation of the local health facilities and the group is anchored by the FCHV of the respective ward. The health workers and *Suaahara*'s FSs shared that they also attend the mother's group meetings to share information and demonstrate proper hand washing and nutritious food preparation.

The FCHVs, health workers and *Suaahara* FSs shared that the participants of mother's groups are women of reproductive age, 1,000 days mothers and mothers-in-law.

> Within mother's groups, there are all 1,000 days mothers also. Apart from that, there are married women of reproductive age. We even included them and formed the group. In the group, the FCHV is the secretary. And we conduct meetings once every month.
>
> -AHW, Sindhupalchowk (FGD)

Regarding the content of the discussion, the participants noted various things:

> We conduct mother's group meeting. In the meetings, we discuss and teach regarding 1,000 days mothers and breastfeeding their babies. We also suggest them about "harek baar, khana chaar". We suggest that 3 times meal is not enough for the 1,000 days mothers. They should be given meal 4 times a day. This is effective. Suaahara program has done well to us.
>
> -FCHV, Syangja (FGD)
>
> In health mother's group……constructing and using toilets, not defecating in the open, washing hands with soap and water, taking iron tablets during pregnancy, having delivery in health post, having additional meal during pregnancy, having additional meal after delivery too, exclusive breastfeeding up to 6 months of age, feeding mother's milk within 1 hour….
>
> -FCHV, Rupandehi (FGD

Non-health FLWs also talked about FCHVs conducting mothers' group meetings and sharing information about eating habits, hand washing, visiting health facilities for pregnancy and delivery and maintaining sanitation.

> During the meetings, the FCHV tells everything. Every month, they tell what should be done for pregnant women, how it should be done, how many times they have to do check-ups and what should be done next.
>
> -WCF representative, Sindhupalchowk (FGD)

A WASH representative in Sindhupalchowk reported sharing information about eating eggs and green leafy vegetables and the age to begin complementary feeding.

The field researchers had the opportunity to observe the mothers' group meetings in Sindhupalchowk and Darchula. In Sindhupalchowk, an FCHV discussed the *Suaahara* Model House or "The Indicators of a Clean House" by discussing model house requirements, including drinking purified water, covering cooked food, washing and drying utensils, having a fixed place for hand washing, availability of soap, maintaining a kitchen garden, managing wastes, cleanliness of house by both males and females, keeping children on a mat, and use of toilets and improved stoves. Similarly an FCHV in Darchula was also observed holding a mother's group meeting to discuss WASH topics. .

> 22 members gathered and gave their introduction. They started to discuss about health. They used "flash cards" which was about hand washing and reasons for not washing hands with soap and water. Then they discussed about making [their place] ODF and decided to make a toilet in every house. One of the participants didn't have toilet in her house. So all others shouted at her. After that, they discussed and everyone decided to make a pit to dump waste.
>
> -Mother's group meeting, Darchula (Shadowing)

During FGDs, the FLWs including FCHVs, health workers, and VDC representatives shared that it is difficult to convene the Health Mothers' Groups without providing tea and snacks for the program. The FCHVs also shared that people ask for an allowance to come for meetings. A *Suaahara* FS in Syangja shared that there used to be an organization which provided Rs. 200-300 to come for meetings and people expected the same now as well. Another *Suaahara* FS in Sindhupalchowk shared that the food demonstration program was conducted only on the fourth time because the mothers of that particular district did not come the previous three times. These difficulties of gathering people were observed during the shadowing of an FCHV in Syangja. The program started very late because there were no participants and the FCHV had to call the women several times.

4.4.2 HOMESTEAD FOOD PRODUCTION (HFP) MOTHERS' GROUP

Very few FLWs mentioned that HFP groups were an important site for disseminating information to beneficiaries, especially information about maintaining a kitchen garden. Not all FLWs were aware about these HFP mother's group or even aware about its existence. However, some of them discussed about how it is formed and what they discussed in the group.

> Agriculture group informs about kitchen gardening……cauliflower, cabbage, peas…. If these kinds of green vegetables are produced, then the pregnant women, mothers who have just delivered, small children and even the children over 6 months get to eat these green vegetables and pulses as well. They also prepare jaulo. They inform about kitchen gardening. Kitchen gardening can be seasonal and unseasonal.
>
> -FCHV, Syangja (FGD)
>
> In the discussion, I discuss about the techniques of vegetable farming, how the vegetables should be farmed, get idea about the market area and we can sell the excess amount of vegetables in the market. We also have received chicken. We also discuss about raising the chicken, preparation of chicken feeds. We discuss about nutritious substances, improvement in the nutritious diet.
>
> -Agriculture mother's group, Syangja (FGD)

4.4.3 HOME VISITS

Home visits are usually conducted by *Suaahara* FSs and FCHVs. In the FGDs, the *Suaahara* FSs and FCHVs mentioned home visits as a time for imparting information to beneficiaries. Generally, FCHVs said they don't have specific plans for visiting households but said that they visited women during pregnancy, within 24 hours after delivery, and on the 3rd and 7th day after delivery. Some FCHVs in Sindhupalchowk said that because they meet 1,000 days women at the outreach clinic and during food demonstrations, they do not conduct home visits.

> Because of the programs of Suaahara, we do not have to go for home visits several times nowadays. Since there is lito program and jaulo program, we do not have to go for home visits.
>
> -FCHV, Sindhupalchowk (FGD)

The *Suaahara* FSs in Darchula and Rupandehi reported having to visit 10 households a month while the *Suaahara* FSs in Sindhupalchowk and Syangja said that they had to visit 20 households a month.

The *Suaahara* FSs and FCHVs also mentioned that they try to include the family members and "decision makers" in discussions during home visits so that they understand nutritional requirements and support the needs of 1,000 days mothers and children.

> When I visit them, I explain about GALIDRAA and practice it. We greet them and ask them about their problems. We listen to their problems, discuss them and solve them and give them "advice" only related to their problems. Instead of giving them knowledge and skills all together, we ask what problems they are going through, what they need and make them "agree" to practice them. We give the solutions for their problems and ask them to "agree" to practice it and ask them to meet again in a certain place and give them counseling.
>
> - Suaahara FS, Sindhupalchowk (FGD)

The shadowing data shows that the *Suaahara* FSs in Syangja and Sindhupalchowk used smart phones and used a checklist on their phones to guide their questions to mothers. A *Suaahara* FS in Sindhupalchowk said that it had become easier for him to do the home visits with the mobile application after the training. FSs asked questions about what the mothers ate, what they fed their babies, whether they had taken iron tablets or TT injections, if they had a toilet or not, when they washed hands, how often they breastfeed the child/children, if they had used any methods of FP, whether they received any support from family members, whether they had hen coops, and what vegetables were growing in the kitchen garden. Based on their interactions, the FSs discussed breastfeeding, nutritional diversity, preparing flour for lito, making *jaulo*, healthy timing and spacing of pregnancy, hand washing, and maintaining a clean environment.

Almost all the *Suaahara* FSs said that the discussions during home visits are need driven and vary by topic. If the beneficiary is a pregnant woman, they discuss additional foods, iron tablets, types of foods to consume, maintaining sanitation, and other appropriate topics. If the beneficiary has a child below six months of age, then they discuss exclusive breastfeeding.

When we meet pregnant women, we ask them whether they have taken iron tablets or not, they show iron tablets to us…. We count the tablets… We also ask them whether they have taken Albendazole or not, and ask them about ANC visit and also ask them about where they are thinking to deliver the baby. If we meet pregnant mothers of 8 or 9 months, we teach them that they need to breastfeed their baby within 1 hour of delivery. And if we meet the mothers having babies less than six months, we tell them to feed their babies only with breast milk. We also give them advices on the nutrients their babies get in the milk. When we meet mothers with babies under 2 years, we give them information about process of making food for their babies and tell them to learn the methods with FCHV, who teaches the recipes for food for children and also tell them to learn from mother's group meetings.

- Suaahara FS, Rupandehi (FGD)

However, in Darchula, in addition to imparting nutrition-related information, the data suggests that *Suaahara* FSs and FCHVs focus on raising poultry and kitchen gardening during home visits.

First of all, we have to go to their house. If we have given them chickens, we have to check how the chickens are, whether they are giving them feed or not. After that, we also see whether they have maintained sanitation or not, what they are feeding the children, how they have kept them. They have also been given the seeds and have been told to sow the seeds in "plotting". We ask them whether they have sowed like that or not, and if not, we ask them why. Then we teach them later that it would be easier to sow them in so and so way.

- Suaahara FS, Darchula (FGD)

The *Suaahara* FSs in Darchula also mentioned that since the 1,000 days mothers cannot work in the HFP garden, they teach the husbands and parents-in-law to sow seeds and plant vegetables in the garden so that the child has access to nutritious food. The FCHVs in Darchula who conducted home visits mostly asked about the status of chickens and what vegetables the beneficiaries had in the garden. One FCHV even introduced the field researcher as "sir from *Suaahara* who has come to see the chickens."

Difficulties of home visits: A few *Suaahara* FSs and FCJVs shared that, in general, the beneficiaries are happy with their home visits since they learn new things. However, some *Suaahara* FSs mentioned that it is also difficult for women to set aside 45-60 minutes to talk to *Suaahara* FSs and FCHVs because their in-laws would scold them for not doing work and sitting around. At times, women were also not available in their homes. The *Suaahara* FSs also mentioned that geographical conditions make home visits difficult, when they have to walk for long hours to reach houses in districts like Darchula and Sindhupalchowk. Furthermore, the FCHVs shared that some people behave very rudely with them when they conduct home visits to disseminate information.

They tell us, "You don't have to tell us how to prepare food….Do you feed my children and have they grown because of you?" They ask us, "We don't have money to prepare the toilet, would you provide us money? Why does it matter to you where we defecate? Why are you so interested? Would you provide us money to make toilets? You have to give us money."

-FCHV, Sindhupalchowk (FGD)

Likewise, a *Suaahara* FS in Rupandehi shared a difficult experience with a beneficiary and his husband during a home visit, which was likely related to his being a male. He said:

> In one village, they all knew me well. I went in their house and stayed there; she was a member of CAC. Her husband was in a foreign country. While I was counseling her, her husband arrived. Then I started to describe the work I was doing, but he could not understand. Then I told them that I won't take their data if they feel uncomfortable and also told them not to think in a bad way. I also explained the purpose why I was taking the data.
>
> - Suaahara FS, Rupandehi (FGD)

4.5 FLW'S PERCEPTIONS ABOUT THEIR OWN WORK

The FLWs were asked how they felt about their work including questions about their motivation. Almost all the *Suaahara* FSs said they were happy and pleased with their engagement, except for one *Suaahara* FS who is responsible for more than one VDC.

> I have to work in both the VDCs, so I focus on finishing the work and can't give time.
>
> - Suaahara FS, Sindhupalchowk (FGD)

Another *Suaahara* FS in Sindhupalchowk shared his pleasant experience:

> I feel very delighted to give advice to the golden 1,000 days mothers since their health goes through a very critical stage. To uplift their health status, we give them advice regarding their health; in order to "change" their behavior we give them counseling, home visits. It feels very blissful to do these types of work and to get to know about their good and bad times during that phase. When they show their "progress", when the baby is born healthy and when we get to see this, I feel very much satisfied. I have done what needs to done from my side and I feel very delighted. Sir has also told us (Looking at AHW) that the mother's group meeting was not conducted properly, so we introduced the program of food exhibition. Now the mother's group meeting is conducted properly by the FCHVs. Sometimes I even scold the FCHVs to be present on that specific day. The program has played an important role for "capacity building" and "nutrition" part. When I recollect the memories of a year in the project, it has been "one of the best" experiences.
>
> - Suaahara FS, Sindhupalchowk (FGD)

The FCHVs had varied experiences. Though all FCHVs shared that their knowledge of topics has increased and that they have been providing services to people, some of them also shared that their workload has increased. The FCHVs also grieved that they had to work without allowances, yet had to go through "torture" because people in the community assume she only works to receive her allowance.

> While I was coming today, my neighbors said that I was going to receive allowance from Suaahara. It is very difficult. It is full of torture….people ask how much allowance did you receive today?
>
> - FCHV, Syangja (FGD)

Despite these experiences, the FCHVs said they felt happy to impart information to people.

> I feel very good. It is all about the life and future of a baby, a chance to improve the life of the baby for us is a very big thing. I feel very proud and happy about it.
>
> -FCHV, Sindhupalchowk (FGD)

An ANM in Darchula said that being engaged with *Suaahara* has helped her confidence.

> I used to feel awkward to talk in front of the mass but after taking the training for Suaahara, I can talk confidently in front of the crowd on any topic. It has become easy for me to deliver information while visiting beneficiaries' homes, mother's group meetings and immunization camps.
>
> -ANM, Darchula (FGD)

Another ANM in Sindhupalchowk said that *Suaahara* made it easier for her to do her job.

CHAPTER 5: PERCEPTIONS OF SUAAHARA

This chapter presents how the FLWs have understood *Suaahara* and what their opinions are on the various aspects of *Suaahara*. Because there was little variation in the findings from the health and non-health FLWs and from the different districts, the general opinions have been presented first, followed by specific findings if and where applicable.

5.1 UNDERSTANDING AND PERCEPTION ABOUT SUAAHARA AS A PROGRAM

The FLWs reported that *Suaahara* was in its 3rd year in all four districts. Almost all FLWs reported they had been involved in the program since the beginning of the project. A few had started working with *Suaahara* in their respective areas sometime after *Suaahara* was launched.

Both health and non-health FLWs viewed *Suaahara* as an integrated nutrition program that aimed to reduce child and maternal mortality rates by targeting children less than 2 years of age and 1,000 days mothers. They understood *Suaahara* as a program that aimed to reduce stunting, wasting and other forms of malnutrition among children by targeting 1,000 days mothers and their children because this has been identified as a crucial period. They also said that *Suaahara* focuses on disadvantaged and marginalized groups like *Dalits*. They claimed that this program has lived up to its name, as '*Su'* means good and '*aahara'* means nutrition.

> Its aim is to make sure there are no malnourished children. The children who are born should be healthy. The pregnant mothers will be healthy in every phase of the pregnancy; there will be differences [changes] in their food habits. The children born would not be malnourished, which is an aim of Suaahara.
>
> -AHW, Syangja (FGD)

Almost all FLWs were clear that *Suaahara* is a multi-sectoral program working with health, nutrition, WASH, agriculture, livestock, VDC and other sectors.

> Every activity which is done to improve the nutrition of 1,000 days mothers and children is Suaahara.
>
> -SM, Rupandehi (FGD)
>
> The difference compared to other programs is that the other programs focus solely on their own sectors. Like if they are of the agriculture sector, they work only on agriculture; if they are of health sector, they work on health; if they are of the local government, they work only on that. But despite the fact that they focused only on their own sectors, they did less work. Now one organization does one program, but other organizations don't even know about it. Because of this, there was more expenses and less achievement. Hence, for better achievement, the government and organizations (referring to Suaahara) brought the program jointly by including all the different sectors so that there would be more productivity from joint program. I also think that this will be effective.
>
> -AHW, Rupandehi (FGD)

Moreover, many FLWs reported that *Suaahara* included the beneficiaries' family members to ensure women and children get the required support. Finally, many felt the project has also engaged a wide network of existing VDC level stakeholders including VDC, schools, political parties, women development offices and ward level groups like mother's groups.

> The best thing about Suaahara is we do not have any different groups. It is adapting the group that was formed by the government. For instance, FCHVs have mother's groups. In the same group, we are conducting the program. So, Suaahara is different from other organizations.
>
> - Suaahara FS, Rupandehi (FGD)
>
> Suaahara has done remarkable work compared to other organizations because it has worked to increase awareness and other programs are making buildings. Above all, the awareness raising program is different from others.
>
> -VDC representative, Syangja (FGD)

The health FLWs had a deeper understanding of *Suaahara* and its messages. The *Suaahara* FS's understanding was more thorough than the other health FLWs, and included the understanding about the implementing partners of *Suaahara*, what the project aims to achieve, and how it will achieve those objectives.

> We have to understand that Suaahara covers all aspects of nutrition as a whole. It is not only related to health but also, agriculture, animal rearing, and hygiene and includes other things. Its priority is improvement of nutrition, which is why it was introduced. It also includes 1,000 days mothers and children. It brings improvement in the nutrition status of mothers and children by feeding 4 types of foods daily. This is the meaning of Suaahara and it functions on areas related to children. It is conducted with the help of USAID from 2011-2016.
>
> - Suaahara FS, Sindhupalchowk (FGD)

The health FLWs in particular felt that *Suaahara* has served as a "partner" in their work. They felt that *Suaahara* focused on health, nutrition and FP. In Rupandehi where ODF campaigns were emphasized, the FLWs felt the project focused on nutrition and sanitation, whereas in Darchula they understood *Suaahara* more in terms of a program that distributed chickens and seeds for improved nutrition.

While many FCHVs and non-health FLWs were unable to precisely correlate the program activities with the broader objectives and aims, they were all clear about *Suaahara*'s focus on 1,000 days mothers for maternal and child nutrition and were aware about the multisectoral activities to address the problem of under-nutrition.

Some non-health FLWs, however, complained that they knew very little about *Suaahara*.

> To be precise, there are many programs, which have been conducted with the VDC. Among them, Suaahara is the program about which we have least information.
>
> -V-WASH-CC, Syangja (FGD)
>
> One weakness of Suaahara is that the training was given only once. If they had called the key persons of all the wards, everyone would have been informed. We don't know almost 90% of things like what Suaahara is, what its meaning is. We have heard its meaning from others.
>
> -WCF, Rupandehi (FGD)

This is also reflected in an FGD conducted with the non-health FLWs in Syangja:

SM: The program has come so far that it gets difficult to remember exactly what has to be done.

VNFSSC: It must have been 2- 2 ½ years since Suaahara programme started. Because of that, it may be difficult to say exactly right now. There also hasn't been much information to the people here.

V-WASH-CC: The people here don't even know what Suaahara is. Whenever we leave home saying we are going to Suaahara's meeting, they ask what Suaahara is.

SM: Some of us here have been involved in Suaahara so much that we have forgotten what happened earlier, while some still don't know what Suaahara is. (Laughing)

(Everybody laughed)

V-WASH-CC: They will know if people like you from higher level come from time to time and conduct some programs, seminars about Suaahara. It will also create interest in the people. In every area here, there are many who don't know what Suaahara is. It has been so many years since WASH was introduced here and many still don't know what WASH is. (Laughing)

-Non health group, Syangja (FGD)

5.2 SUAAHARA STRENGTHS

The FLWs perceived *Suaahara* as a truly unique program and had lots of praise for the project. Health as well as non-health FLWs felt that *Suaahara* had the following strengths:

- Most FLWs agreed that *Suaahara,* as a program, is strong and systematic. They appreciated the fact that it followed a sequential approach while launching programs in the VDC. The initial orientation to all the VDC stakeholders (of health sectors, non-health sectors, political representatives, school representatives and so on) followed by different phases of VDC- and community-level trainings was acknowledged. The fact that *Suaahara* strengthened and mobilized the existing structures of the government, such as the WCF, CAC, HFOMC and mother's groups was another commendable aspect.

> Before, the management committee (referring to HFOMC) was dormant but after we took the "training" (referring to Suaahara training for HFOMC) and came, we made it active. We never used to conduct the "meeting" every month but now we have made the environment to do it monthly.
>
> -AHW, Sindhupalchowk (FGD)

- *Suaahara* trainings were identified as a very strong aspect of *Suaahara*. Most FLWs were very happy with the innovative training methods and materials that demonstrated everything practically. They also received knowledge on a wide range of useful and practical areas including health, nutrition, WASH, agriculture and livestock. The FLWs also appreciated the tailored and specific trainings to different FLWs based on their areas of involvement, in addition to the general nutrition content.
- Many FLWs considered *Suaahara*'s principles and concepts as its unique feature. The focus on the 1,000 days period to target malnutrition was perceived by many as an intelligent approach. They understood that *Suaahara* would bring long term impact in the form of sustainable behavior change.

> Suaahara doesn't perform huge [activities] like other programs…It is a different type of program. It encourages people to use the materials available in the local level. It tells people to eat only after washing [hands], keep their surroundings clean, breast feed child for the first 6 months. Suaahara talks about the small things people do in their daily lives.
>
> - Suaahara FS, Sindhupalchowk (FGD)

- Many health FLWs and some non-health FLWs reported the presence of *Suaahara* staff (*Suaahara* FS) in communities to support the village level FLWs, especially FCHVs. The health FLWs in particular said that the *Suaahara* FSs have helped them impart key health information to beneficiaries.
- Almost all FLWs noted that the multi-sectoral approach was what made *Suaahara* different and more effective than other programs. Many FLWs reported that *Suaahara* had initiated interaction among various stakeholders and given them an opportunity to learn about each other's sector. They believe that the involvement of FLWs from multiple sectors has led to increased effectiveness by reinforcement of messages to beneficiaries from all the sectors involved. The inclusion of traditional healers was acknowledged by some health and non-health FLWs as another good strategy.

- Many FLWs said that *Suaahara* has targeted all the determinants of nutrition using innovative and practical IEC/BCC materials including the radio program, *Bhanchhin Aama,* in addition to home visits and demonstrations.
- Another strength of *Suaahara* often mentioned by FLWs included the use of innovative approaches like marking special days, conducting food demonstrations, the model house in Sindhupalchowk, sanitation cards and so on.
- The FLWs, particularly the health FLWs, appreciated the change *Suaahara* had brought in their own lives. The FLWs found themselves practicing and sharing healthy behaviors, adding to their satisfaction. The majority of *Suaahara* FSs and FCHVs were also observed complying with appropriate behaviors, such as hand washing, during shadowing.
- Most of the FLWs shared that *Suaahara* taught community members not only what to do, but how to do it. It has taught people that 4 food groups should be included in the meal daily but has also shown them the ways to ensure they have the four food groups in their homes all year round. It has imparted knowledge and skills to utilize local resources.
- Many FLWs reported that *Suaahara* has done what very few have accomplished before. It has included the family of the 1,000 days mothers and children to ensure a conducive environment for proper nutrition. It has also provided additional support to the DAGs and also brings services to the homes of the beneficiaries.
- Again, many health as well as non-health FLWs reported that *Suaahara* has enhanced the capacity of the beneficiaries and raised awareness. The healths FLWs, especially AHWs and ANMs, have reported that the beneficiaries' health seeking behavior has remarkably improved.

> What I feel about Suaahara is: in some places where there are very poor groups, in those houses it has distributed chickens. They have to feed the children one egg each day and feed themselves too. Every 3 months they [Suaahara] have been distributing seeds. Because of that, they [the poor households] have been getting fresh vegetables to eat. And there is no need to use "poison" [referring to synthetic pesticides] in the vegetables. They teach to prepare local pesticides at home itself. So I feel very proud; because of them we got to know that it [the locally made pesticides] even works for the diseases in the green leafy vegetables.
>
> -Agriculture mother's group, Rupandehi (FGD)

Another popular opinion among FLWs regarding why *Suaahara* is unique was that its program activities demonstrate optimal key practices, rather than just discussing key messages. A *Suaahara* FS of Sindhupalchowk, for example, pointed out there is a hand washing corner with soap and water during all *Suaahara* meetings. FLWs often pointed out that in *Suaahara* trainings and meetings, the lunches comprise of eggs, gram, and beaten rice instead of noodles and biscuits.

Photo: Hand washing corner in a program in Sindhupalchowk

5.3 *SUAAHARA* WEAKNESSES

- The general opinion from health and non-health FLWs of all the study sites was that *Suaahara* must launch similar programs in all the VDCs instead of separating them as DAG and non-DAG VDCs. They reported that this has created dissatisfaction among beneficiaries, resulting in accusations towards FLWs. The beneficiaries who did not receive chickens and seeds raised questions as to why their neighboring VDCs had received the materials and why they had not.
- Many non-health FLWs, particularly SMs, VDC representatives and WCF, and a few health FLWs pointed out that one thing that is missing in *Suaahara* is that it does not have any activity targeting the economic status of people. They suggested that *Suaahara* should also incorporate income generating activities because economic stability is a crucial determinant of nutrition.
- Another common opinion among FLWs and all study sites was that, although *Suaahara*'s multi-sectoral approach is commendable, to date the coordination across sectors is weak.

> They [ASC and LSC] watch over 6-7 VDCs per person. So it is not possible to meet them. If only there is one representative from ASC and LSC in this VDC, then they can give basic information necessary for agriculture [and poultry]. Like we [health FLWs] give information in the wards during food demonstration, if they could only give 1-2 hours of time to mother's group then also there would be improvement.
>
> - Suaahara FS, Sindhupalchowk (FGD)
>
> Suaahara looks after 3-4 DAGs in 10 VDCs. In the beginning, everyone is given training. They (referring to Suaahara) gave "total" training to SMs. They worked only in 10 VDCs. After that our relation was limited to coming and going. When they come, they meet me. That is all.
>
> -SM, Rupandehi (FGD)

- A few FLWs (health and non-health] pointed out that some beneficiaries had yet to receive services in particular VDCs. *Suaahara* FSs shared that some of the newly

pregnant women and their families had not received orientation in the form of WLIs and they also had not received the physical inputs from *Suaahara*.

- In contrary to the general opinion, quite a few FLWs felt that *Suaahara* is not so different from other programs. In particular, some FCHVs of Rupandehi said that they had already been teaching people what they learned in *Suaahara* trainings before the program started.

5.4 MULTI-SECTORAL APPROACH

We asked the FLWs about the mechanism of coordination between various sectors. FLWs from different sectors had different opinions. There was also some distinction among the responses of FLWs in different districts and VDCs.

5.4.1 COORDINATION BETWEEN DIFFERENT SECTORS

The FLWs said they maintained coordination with different sectors during periodic meetings of the coordinating bodies: VNFSSC and V-WASH-CC. In most VDCs, especially those of Rupandehi, V-WASH-CC was more active and in some VDCs, VNFSSC was more active whereas in some VDCs neither was active. A VNFSSC member from Rupandehi complained that their committee needed a work plan or guidelines to function effectively.

The FLWs said they worked in coordination on *Suaahara* activities. For example, during chicken distributions, *Suaahara* FSs and FCHVs mentioned working in coordination with the livestock sector. Similarly during food demonstrations, ANMs and sometimes AHWs reportedly joined them for growth monitoring and disseminating health information. Coordination was also being done with local NGOs.

> Talking about our VDC level, they are focusing the health sector in our VDC. For instance, FCHVs and the health post are mobilized. CAC, WCF, V-WASH-CC, W-WASH-CC, local schools, ASC and LSC, these all are mobilized from the VDCs. Even when we do not focus on the program, we tell them [FLWs] about our work and also ask them to include us if they have any program. There are peer facilitators, who are helping us. We are not looking at them [non-health FLWs] differently. We do not say that they are from another sector. So they are mobilized from “health post” and FCHVs. In brief, this is our system of coordination. We coordinate with them according to the situation.
>
> - Suaahara FS, Rupandehi (FGD)

Health FLWs were found frequently interacting with each other during different programs. Also, the AHW, ANMs, FCHVs and *Suaahara* FSs said they interacted every month in the monthly reporting meeting of the health facility. In Sindhupalchowk, field researchers shadowed two FCHVs during a monthly meeting and observed that, apart from the routine health issues, there was a separate discussion on *Suaahara* activities to clarify any confusion about the project. The traditional healers’ roles were limited to referring patients to health institutions and imparting information. In VDCs where coordination was relatively strong, it was found that health posts, FSs, FCHVs and the VDC were supporting each other continuously.

> We invite them in the meetings, trainings. We provide hall for the programs and we also participate in programs. We work for spreading awareness about Suaahara.
>
> -VDC Secretary, Rupandehi (FGD)

A common problem observed for coordination among all sectors and in all study districts was that the ASCs and LSCs were located far away from the VDCs. Some FLWs said that one ASC and LSC had to look after 8-10 VDCs. ASC and LSC representatives lived far way and so comparatively they participated in fewer meetings and activities. There was a marked

difference between what the FLWs said about coordination in different districts. This is explained in the following section.

Coordination between the sectors in different districts: The majority of health and non-health FLWs in both Darchula and Sindhupalchowk reported that coordination between different sectors was satisfactory. Few FLWs in Darchula reported having 'Inspection Groups' *(Nigraani Samuha),* which is a group of volunteers who keep watch over the community and help FCHVs locate pregnant women.

> Here, the coordinator calls the meeting of WCF every month. We conduct the meeting of agriculture mother's group on the same day. There are different registers. The people [in different groups] are almost similar. They come to the VDC office and take decisions. Also, there are the people from agriculture and veterinary here and the doctor of veterinary also goes for monitoring. The secretary was in the team of hen coop management and they were also helping.
>
> -SM, Darchula (FGD)

Our field researcher, during the shadowing of a *Suaahara* FS in Sindhupalchowk, observed that the ANM and CHSF were also present in the food demonstration. While the ANM was busy with growth monitoring, the CHSF helped with arrangements for the demonstration program. The *Suaahara* FSs in Sindhupalchowk, claimed they had excellent coordination with the VDC office and health post in particular. FLWs also reported to coordinate with the Forest Consumer Committees in some VDCs in Sindhupalchowk. Discussions were held about *Suaahara* in the committee meetings.

> There are 6-7 organizations with which it [Suaahara] has coordinated in the district. It has also coordinated with the local level organizations or the VDC level organizations. They coordinate by ensuring participate in the trainings. They don't coordinate by sending letters saying that you must coordinate in our program. They have coordinated with the VDC, education, and healths but there are no agriculture organizations over here. They have also coordinated with the people. We need to provide time to the Children's Club. There is also "orientation program" for them. There are the matters related to sanitation. Health organizations are involved directly. They help when there are different programs. And the agriculture must help in different programs. If there are clubs then they must also help us. It there are clubs, VDC, health organizations, ASC and LSC, then we coordinate with them."
>
> - Suaahara FS, Sindhupalchowk (FGD)
>
> They [non-health sector] come to work sometimes if they have separate type of program. They don't have the compulsion to work for whole months. We meet them sometimes. If we go to their ward and if they are in their work, then at that time we meet them. Otherwise we don't work jointly. They don't have many works like us. That's why we do not meet them.
>
> - Suaahara FS, Sindhupalchowk (FGD)

On the other hand, coordination was found to be poor in Syangja and Rupandehi. The health FLWs of Syangja and Rupandehi felt the coordination between different FLWs of different sectors was neither good nor bad. The non-health FLWs of Syangja and Rupandehi were particularly dissatisfied and felt there was no proper coordination. Some said there was zero coordination between themselves and the health FLWs.

> They called us while distributing chickens but after that we have got no information. As I said before, there is no coordination.
>
> -ASC, Rupandehi (FGD)

Many non-health FLWs of Rupandehi and Syangja felt that *Suaahara* was just health program of which they are not a part of the coordination mechanism.

> The program of Suaahara is related to health so mostly, it coordinates with the health sectors. It contacts us also, I don't mean to say that we are ignored. We have a feeling that most of the programs are not discussed with us. We don't mean to say that the programs are not conducted, the programs have been conducted. We were informed as well. They come to us and request for participation in the program but we have to go to other places sometimes and sometimes we don't have "time". Because of this, there is "communication gap".
>
> -VDC representative, Rupandehi (FGD)

> When people from different sectors work together, there might be different opinions and there might not be consensus on some issues. Also, there is difficulty in implementation, because of lack of joint meetings [referring to coordination].
>
> -Livestock extension worker, Syangja (FGD)

5.4.2 MULTI-SECTORAL APPROACH STRENGTHS

Most FLWs felt that the multi-sectoral approach was beneficial and cited the following reasons:

- Health and non-health FLWs reported working across sectors to be effective and efficient. The communities could be covered quickly and solutions determined easily because of expertise from different sectors. Many FLWs, especially the AHWs, *Suaahara* FSs and VDC representatives pointed out that a multi-sectoral approach is crucial for *Suaahara* to achieve its objectives because all the determinants of nutrition can be targeted simultaneously, which means *Suaahara*'s objectives can be achieved faster.

> It is very good because when all the sectors are involved, everything will "relate" to one another. There will be a good conclusion regarding how to build rapport, how to approach the community, how to proceed with coordination and how it would be beneficial to proceed.
>
> -Sr. AHW, Rupandehi (FGD)

- A majority of FLWs from all districts reasoned that working with different sectors would enhance the capacity of all stakeholders as a result of shared knowledge and that it would foster a sense of ownership and commitment from all sectors. The approach also ensures a positive working relationship between sectors, provided proper coordination mechanisms exist.
- A strength of the multi-sectoral approach that was highlighted frequently by health and non-health FLWs was that the same messages would be reinforced to beneficiaries from multiple sources, which increases the likelihood of behavior change.
- A few FLWs pointed out that the multi-sectoral approach is practical. Activities of various sectors can be conducted simultaneously which means efficient utilization of resources like time and money.

5.4.3 MULTI-SECTORAL APPROACH WEAKNESSES

Despite the fact that FLWs felt the multi-sectoral approach was *Suaahara*'s strength, they also noted some challenges and weaknesses:

- Some health FLWs noted that different sectors did not take equal responsibility and ownership of the program. A few health FLWs even said that *Suaahara* was viewed as a health program and non-health FLWs did not feel very accountable for it. Some non- health FLWs perceived *Suaahara* only as a health program and that they just needed to join meetings when called.
- Many FLWs shared that there was good unity within the health facility, *Suaahara* FSs, FCHVs, VDC, WCF, and WASH and so on. The sectors that were excluded were agriculture and livestock. They shared that the ASC and LSC were mostly involved at the district level. One ASC and LSC has to look after 8-10 VDCs because of which they could not participate in *Suaahara* activities. Few health FLWs, such as *Suaahara* FSs, complained that ASC and LSC representatives seek allowance to participate in activities.

> Yes, animal-services [referring to LSC] and agriculture [referring to ASC] both. They lack manpower and also they seem to be money minded. If we go to do something, they ask for money. They show more interest in money than providing services.
>
> - Suaahara FS, Sindhupalchowk (FGD)

- Another concern raised by some FLWs (health and non-health) was that sometimes there are arguments and difficulties in trying to reach consensus.
- While coordination within the health sector was good, health FLWs complained that non-health FLWs were not equally active and did not provide enough support for the work. Ironically, a few non-health FLWs complained that they were ignored by the health sector and that they do not receive information.

> I had raised the topic of coordination earlier as well. It would have been better if they had told about their daily plans in the annual program and coordinated with us. It would have been better if they had told about the contents of their program and our responsibility and coordinated with us. We tell them about our forthcoming programs.
>
> -WCF, Sindhupalchowk (FGD)

- Another drawback reported was that the majority of the FLWs were busy in their primary work responsibilities. This was particularly true for non-health FLWs who admitted they could not give much time to *Suaahara.* It was also reported and observed during shadowing that FCHVs were busy with their usual duties and household chores, and therefore did not go for regular household visits.

5.5 PERCEIVED BENEFITS FROM SUAAHARA

We asked FLWs what changes they had noticed since the introduction of *Suaahara* and what impact they felt *Suaahara* had to date.

A vast majority of FLWs (both health and non-health) had seen tangible changes since the implementation of *Suaahara*. *Suaahara* FSs and FCHVs who went for home-visits and were frequently interacting with the beneficiaries said that they had witnessed behavior change: more people wash their hands with soap and water, use toilets, exclusively breastfeed their children in correct position and contact, and begin complementary feeding after 6 months than before. *"Harek baar khana chaar"* (4 food groups everyday) was also becoming a more common practice.

Many FLWs (health and non-health) themselves said they have applied knowledge into practice. They said they had started washing hands with soap and water and stick to the 4 food groups every day rule. Shadowing of the *Suaahara* FSs and FCHVs showed that most of them had soap in their homes for hand washing.

The majority of health FLWs and some non-health FLWs reported that it had been easy for them to coordinate with each other and complete their work. The FLWs shared that they feel satisfied when they see mothers-in-law helping the 1,000 days mothers and when community members recognized them in the community.

In Darchula, the community did not previously rear chicken and did not eat eggs. But FLWs reported that since *Suaahara*, many people had started to raise chickens and consume eggs. Mothers ate eggs and fed it to their children. Many FLWs reported that many people in the community previously did not eat mushrooms, but had started eating mushrooms regularly. In other districts also, there was a widespread misconception that children should not be given eggs. They reported that such misconceptions were overcome and beneficiaries fed eggs to their children. The mothers had started to cook *jaulo* and *lito* with pumpkin, green leafy vegetables, carrots to their children and that beneficiaries were witnessing changes in the nutritional wellbeing of the children.

> There was a fat child who lived in the health post. That child couldn't walk. They took training from Syangja and learned that the child should be fed four times a day. After Suaahara came, she (the mother) got training from them and after seeing that child walking, I felt amazed. The child is short and his head is big, but his stomach in reducing. Nowadays that child walks.
>
> - Suaahara FS, Syangja (FGD)

Health FLWs, mainly HP In-charges, AHWs, ANMs and FCHVs, shared that beneficiaries themselves come to inquire about iron tablets, deworming medicines, Vitamin A, and immunizations. Their health seeking behavior has vastly improved, and they report receiving all four recommended ANC visits and PNC visits. All traditional healers also claimed they are imparting information about nutrition and healthy pregnancy. They refer the beneficiaries to health institutions when they cannot cure them.

Health FLWs happily reported that the existing bodies within the government like the CAC, WCF and mother's group had been revived. Some health FLWs in Sindhupalchowk reported that *Suaahara* supported the FCHVs by providing lunch money to participate in monthly meetings.

The non-health FLWs had also witnessed change. Many said that the household cleanliness and sanitation in the community had considerably improved. They were able to reach DAGs and other vulnerable beneficiaries and nutrition was discussed in CACs.

> Mothers, during the past, used to wash their children's stool in the public water tap but nowadays, they are also conscious about maintaining sanitation around water tap. Since they started cleaning it in the "toilet", it contributed in community sanitation.
>
> -WCF representative, Sindhupalchowk (FGD)
>
> Wherever Suaahara has reached, it has left some mark there regarding food, living, sanitation, nutrition. Like Mohan Sir has already said after Suaahara has reached there, they are even eating the food combining everything. Whatever nutritious elements the body requires, they are eating those things in proper combination. Suaahara has been looking after the golden 1,000 days mothers.
>
> -Livestock extension worker, Sindhupalchowk (FGD)

Thus, all FLWs felt that despite a few drawbacks, *Suaahara* is a unique program that has started changing the lives of the beneficiaries.

5.6 RECOMMENDATIONS

The FLWs felt that although *Suaahara* is an effective program, there was still room for improvement. When asked what *Suaahara* could improve to provide services to beneficiaries more effectively, the FLWs recommended the following;

- The majority of the health and non-health FLWs expressed that the duration of *Suaahara* needs to be extended. The FLWs who had a better understanding of *Suaahara,* such as the AHWs and the *Suaahara* FSs, pointed out that although *Suaahara* is a unique program aiming to improve nutrition by targeting on its multiple determinants, behavior change is difficult and requires time. It cannot be achieved within the duration of *Suaahara*.

A *Suaahara* FS of Syangja recommended that this program must be taken over by the Government of Nepal and continued as a national program.

> It [Suaahara] should add more time because it would have been better if we could work together like this for more time. I think that this duration is a little less because we are talking about nutrition. Conducting "meeting" of the mother's group monthly has become regular. In order to bring continuity it needs "support". We got "support" so we are conducting meetings. We need different types of "support" such as technical "support", financial "support", etc. Later if they are not there, then we will not get this "support" and if we just work without it then we might lag behind. I think we may not be able to provide service in the same manner.
>
> -AHW, Sindhupalchowk (FGD)

- Another frequent recommendation was that *Suaahara* should conduct regular monitoring and evaluation of its activities. An example frequently discussed was that many of *Suaahara*'s chickens have died, and that if livestock experts had come for monitoring, the problem could have been avoided.
- Almost all FLWs suggested that *Suaahara* must provide the same services to all beneficiaries. DAG VDCs receive physical materials while non-DAG VDCs do not. This created conflict and dissatisfaction among beneficiaries. This recommendation was strongly put forward, especially by the *Suaahara* FSs and FCHVs.
- Almost all *Suaahara* FSs and many FLWs from health as well as non-health sector recommended that there must be one *Suaahara* FS per VDC for increased effectiveness. Currently, one *Suaahara* FS looks after two VDCs which is a large workload.

> I think that I have done [hard work for Suaahara]. I have [to look after] two VDCs so it's difficult. If one Suaahara FS is allocated for one VDC then it will be easy for us to work. I have to work in both VDCs, so I focus on finishing the work and can't give enough time.
>
> - Suaahara FS, Sindhupalchowk (FGD)

- The old 1,000 days mothers, who received training in the initial phase, have crossed 1,000 dayss and now there are new 1,000 days mothers who have not received the training. Some *Suaahara* FSs and FCHVs urged *Suaahara* to provide trainings and physical materials to the new mothers as well.

- Another recommendation put forth, especially by most FCHVs and *Suaahara* FSs, was that they needed more pamphlets and posters to distribute to the beneficiaries.
- Health and non-health FLWs urged *Suaahara* to improve multi-sectoral coordination. From the discussion, it was clear that multi-sectoral coordination, especially among non-health FLWs, is one of the weakest aspects of *Suaahara*. Some FLWs have suggested doing this by forming a separate *Suaahara* committee to look after all *Suaahara* activities in the VDC.
- Most non health FLWs and some health FLWs suggested that *Suaahara* must also include activities for economic development, as economic status is a major determinant for nutrition.
- A common perception among FLWs was that *Suaahara* must provide all the beneficiaries, as well as DAGs, with physical materials, financial help, and materials for toilets. The FCHVs also put forth their financial expectations. For example, one FCHV claimed that she had to use many soaps during food demonstration programs and so FCHVs must be supplied with soaps regularly.
- A strong recommendation from the FLWs, especially FCHVs and *Suaahara* FSs of Darchula and Rupandehi, was that the IEC/ BCC materials must be translated into local languages. Some FLWs pointed out that local trainers who are capable of speaking in the local language are needed so that all FLWs and beneficiaries would be able to understand the contents of the training.

> If they include the local trainers as well in the training who can speak local language, like the doctors of the district when they provide training, it would be easier to make them (beneficiaries) understand.
>
> -SM, Darchula (FGD)

- Regarding IEC/ BCC materials, many *Suaahara* FSs and FCHVs felt that the size of pictures and text should be enlarged so that they can be seen clearly. They suggested that the materials be made durable and light so that they were easy to carry to home visits.
- Many FLWs requested audio-visual materials in the form of documentaries for illiterate beneficiaries and that the materials should be updated based on new emerging concepts. To make the materials friendly for FLWs, they suggested that the messages should be printed on the back of the discussion cards.
- The FLWs felt that although *Suaahara*'s training was very effective, they had forgotten many thing and many recommended regular refresher trainings. The majority of the non- health FLWs and traditional healers felt that they need more training.

CHAPTER 6: DISCUSSION AND CONCLUSION

For the purpose of this study, the FLWs were divided into health and non-health groups and their role and engagement varied according to their primary responsibilities. The FLWs had received orientation and training, although the type and number differed, on various areas of maternal and child nutrition. The trainings aimed to equip FLWs with the knowledge and skills necessary to encourage household-level changes in behavior and practice of food intake, maintaining sanitation, breastfeeding, and taking care during pregnancy and post-delivery. The training seemed to be effective as the FLWs have greatly appreciated the methods, materials, and tools used during the training.

Although almost all the FLWs were aware of the knowledge being imparted through the trainings and orientations, the health FLWs were predominantly involved in disseminating the acquired information to the beneficiaries, mainly due to the nature of their regular roles. The health workers and FCHVs come in frequent contact with *Suaahara*'s target group and they had already been raising awareness on different health topics regularly. Similarly, *Suaahara*'s FSs' primary responsibility is to make people aware about *Suaahara* messages and in turn, to bring changes in the nutrition-related practices of women and children. Similarly, the health FLWs had more access to the IEC materials compared to non-health FLWs, and the former mentioned using pictorial booklets, discussion cards, posters, and flip charts while disseminating information to the beneficiaries.

The information was disseminated to the beneficiaries from various sites such as health facilities, mother's group meetings, HFP group meetings, food and hand washing demonstrations, CAC meetings and home visits. The program expects the *Suaahara* FSs and FCHVs to make home visits and follow a particular approach, GALIDRAA. During our data collection process, only a few FCHVs conducted home visits and there is a marked difference in how the *Suaahara* FSs and FCHVs interact and meet the beneficiaries. The FCHVs visit the beneficiaries according to their convenience and don't have scheduled visits because they are volunteers, whereas the *Suaahara* FSs are *Suaahara* staff are assigned with certain roles and responsibilities. During shadowing, it was observed that though the *Suaahara* FSs and FCHVs deliver similar information, the depth of information and the quality of the interaction, in terms of GALIDRAA, varies.

Even among the *Suaahara* FSs, the details of the information they disseminate vary. For example, during food demonstrations, not all *Suaahara* FSs mentioned when to add salt to food or explained the nutrients found in the foods they were preparing. Also, not all *Suaahara* FSs provided information about the process of making super flour.

The non-health FLWs, who generally comprised of WCF members, VDC representatives, CAC members, SMs, WASH representatives and occasionally members from LSC and ASC, were aware of specific *Suaahara* messages, but they had more to say about sanitation and the physical inputs distributed by *Suaahara,* in comparison to breastfeeding and dietary diversity topics.

The distribution of physical inputs, i.e. the seeds and chicken, yielded a lot of discussion among all the FLWs in all the districts. Apart from the dissatisfaction of seeds not germinating or not bearing fruits and the chickens dying, focusing on the DAG VDCs in the input distribution is creating tension within program areas. The FLWs have pointed out that the program needs to accommodate all the beneficiaries and the *Suaahara* FSs have said that doing so will elicit co-operation from the beneficiaries in non DAG VDCs.

The level of engagement of the FLWs and therefore their opinions in some areas were also particular to the districts they belong. The FLWs in Darchula mentioned seeds and chicken distribution a lot compared to other districts, while the focus in Rupandehi was on WASH activities. In Rupandehi, the ODF campaign was running assertively during data collection. In Sindhupalchowk, most of the health and non-health FLWs were aware of *Suaahara* related activities whereas in Syangja, the non-health FLWs were relatively less engaged.

The majority of the health and non-health FLWs acknowledged and identified *Suaahara* as a unique program. They reasoned that other programs targeted only one sector, but *Suaahara* targeted different sectors, which they believed would yield effective results for nutrition. It is expected that the health and non-health FLWs work in coordination with each other for different program activities and meet periodically. The data suggests that the health FLWs, with the exception of traditional healers, coordinated with each other frequently during *Suaahara* activities, monthly health facility reporting meetings, mother's group meetings, immunization programs, and at outreach clinics. Coordination of non-health FLWs with each other and with health FLWs was found to be very weak. Among non-health FLWs, VDC secretaries were found to be somewhat more active in ODF campaigns, preparing letters for various activities and so on. Some SMs, few VNFSSC and V-WASH-CC members at few places were also found playing their roles actively and working with the health FLWs.

In summary, coordination was very good between health FLWs. However, in order to establish a strong coordination mechanism between all FLWs, the non-health FLWs need to further targeted. The fact that one ASC and LSC looks after multiple VDCs needs to be addressed so that agriculture and livestock extension workers can participate in the distribution of seeds/chicken, spreading awareness among beneficiaries about proper ways of growing seeds/rearing chicken, and be involved in regular monitoring.

Although it was not mentioned specifically by the FLWs, there seems to be an expectation of financial allowance for participating in *Suaahara* activities. Most of the FCHVs have complained of not receiving enough allowance for the work they do, which is also probably why they don't enough emphasize the home visits. Similarly, the reluctance of some non-health FLWs to participate in meetings or other activities is also indicative of expecting some financial benefits. During data collection some FLWs also asked if they will receive some allowance for participating in FGD. It is also to be noted that irrespective of many explanations, most of the people in the community thought that the researchers were "*Suaahara* people."

To conclude, the FLWs seem to be retaining the information gained from orientation and trainings provided by *Suaahara* and have been imparting the information the beneficiaries as well. Most of them think that the program has brought positive changes in the lives of people, but there seems to be a need for greater engagement of the non-health FLWs and encouragement of collaboration across the sectors to disseminate information widely and also to promote ownership of the program. While the program's multi-sectoral approach has been identified by most FLWs as its strength and while it has initiated and facilitated interaction among FLWs of various sectors, the coordination mechanisms are not as strong as expected. Since the FLWs have acknowledged the value of the multi-sectoral approach, the program needs to find ways to more consistently engage with FLWs from all sectors. Additionally, the program seems to be facing challenges in managing expectations of the beneficiaries, especially related to the physical input and how they are distributed.

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ANNEXES

ANNEX 1: RESEARCH TEAM

ANNEX 1.1 HERD AND *SUAAHARA* TEAM

HERD's Core Research team
1. Dr. Sushil Chandra Baral- Executive Director
2. Ms. Rekha Khatri- Senior Research Officer
3. Ms. Abriti Arjyal- Qualitative Research Officer
4. Mr. Deepak Joshi- Research Officer
5. Ms. Shraddha Manandhar- Research Officer
HERD's Operations team
1. Mr. Kumar Jung Malla- Operations Manager
2. Mr. Ramesh Pathak- Finance Officer
3. Mr. Kiran Devkota- Assistant Admin Officer
Suaahara team
1. Dr. Kenda Cunningham- Independent Consultant and Principal Investigator for the FLW study
2. Ms. Akriti Singh- Sr. Integrated Nutrition Coordinator, HKI and Co-Principal Investigator for

ANNEX 1.2 FIELD RESEARCHERS' DETAILS

S.N.	Name	Educational Qualification	Prior Experience on Qualitative Research (Yes/ No)
1	Balkrishna Bhatta	Bachelor of Public Health (BPH)	Yes, with HERD (FGD, in-depth interview)
2	Usha Adhikari	Intermediate of Commerce	Yes (FGD)
3	Rajina Rai	BPH	Yes, with HERD (FGD)
4	Dipak Ayer	Masters in Health Education	Yes (FGD, in-depth interview)
5	Sanjib Rijal	Bachelor of Science	Yes
6	Ilika Subedi	BPH	Yes, with HERD (FGD, in-depth interview)
7	Sushma Kuikel	BPH	Yes (FGD)
8	Samita Kila	BPH	Yes
9	Shiva Paudel	BPH	Yes, with HERD (FGD, in-depth interview)
10	Buddhi Narayan Shrestha	Bachelor of Business Studies	Yes (FGD)
11	Rammani Lamsal	BPH	Yes, with HERD (FGD, in-depth interview)

12	Sanjeev Kumar	MPH	Yes, with HERD (FGD, in-depth interview)
13	Jamuna Lama Gurung	BPH	Yes, with HERD (FGD, in-depth interview)
14	Munna Lama	Bachelor of Arts (Humanities)	Yes
15	Anjana Pandey	BPH	Yes, with HERD (FGD)
16	Arjun Shiwakoti	BPH	Yes, with HERD (FGD, IDI)
17	Suman Shrestha	BPH	Yes
18	Sabina Khadka	BPH	Yes, with HERD (FGD, IDI)
19	Rabina Rai	BPH	Yes, with HERD (FGD)
20	Rajita Dheke	BPH	Yes

ANNEX 1.3 TRANSLATORS' DETAILS

S.N.	Name	Work Days	Prior Translation Experience	Academic Qualification	Transcripts completed	Remarks
1	Prabina Karmacharya	31	Yes, (with HERD)	BPH	16	-
2	Isha Shrestha	32	No	BPH	14.5	-
3	Sonia Awale	31	No	BPH	12	-
4	Neha Shrestha	25.5	No	BSC in Microbiology	7	-
5	Sangeeta Koirala	16	Yes (with HERD)	BPH	4	-
6	Hari Paudel	19	No	Master of Arts (English)	11	-
7	Ananta Chalise	7	No	Master of	9	Quit
8	Binay Maharjan	14	Yes (with HERD)	Masters of Arts (Psychology)	3.5	Quit
9	Ruchika Shakya	12.5	No	BSc in Microbiology	5	Terminated
10	Sabina Kafle	2	Yes (with HERD)	BPH	1	Quit
11	Uma Shahi Thakuri	27.5	Yes (with HERD)	BPH	17	-
12	Sunita Sharma	16	No	MSc in Microbiology	7	Terminated
13	Nupur Sharma	21.5	Yes	BPH	6	Terminate
14	Prativa Subedi	10	No	MBBS running	5	Quit
Total		265				

ANNEX 2: FIELD IMPLEMENTATION

VDCs	Shadowing	FGD(Health Group)	FGD (Non health Group)	Date
Rupandehi				
Travel from Kathmandu to district and coordination				8 -9 Nov, 2014
VDC 1	No. of Shadowing:4 (3 FCHVs and 1 Suaahara FS)	No. of participants :9 **Not Available: 2** (Traditional healer-1, HF In charge-1)	No. of participants:7 **Not Available:4** (WCF-1, Agriculture and Livestock Extension Worker-2, VDC Representative-1)	10 -14Nov, 2014
VDC 2	No. of Shadowing:4 (3 FCHV and 1 Suaahara FS)	No. of Participants:5 Not Available: 5 (FCHV- 2, Traditional Healer-3)	No. of Participants: **8Not Available: 4** (SM-1, Agriculture Extension Worker-1, CAC-1, WCF-1)	21 - 28 Nov, 2014
VDC 3	No. of Shadowing:4 (3 FCHV and 1 Suaahara FS)	No. of Participants:5 **Not Available: 5** (Traditional Healer-3, *Suaahara* FS-1, AHW-1)	No. of Participants:9 **Not Available: 2** (Livestock and Agriculture Extension Worker-2)	23 - 28 Nov, 2014
VDC 4	Shadowing:3 (3 FCHVs) *Suaahara* FS had gone to Bonaha VDC to attend training for vaccination for chicken diseases, didn't return till the team was there	No. of Participants -6 **Not Available: 5** (Traditional Healer-3, Peer Facilitator-1, *Suaahara* FS-1)	No. of Participants: 8 Not Available: 2 (VNFSSC-1, WCF-1)	29 - 6 Dec, 2014
VDC 5	Total No. of Shadowing:4 (3 FCHV and 1 Suaahara FS)	No. of Participants:7 Not Available: 3 (Traditional healer-3)	No. of Participants: 8 Not Available : 3 (VNFSSC-1, VDC-1, CHSF-1)	15 - 20 Nov, 2014
Return to Kathmandu				7-8 Dec, 2014
Syangja				
Travel from Kathmandu to district and coordination				8 -9 Nov, 2014

VDC 1	Total No of Shadowing:4 (3 FCHVs and 1 Suaahara FS)	Total No of participants :6 **Not Available** : 5 (Incharge-1, Peer facilitator-1, FCHV-1, Traditional Healer-2)	Total No of participants:8 Not Available: 2 (Agriculture and Livestock Extension Worker-2)	10 -14 Nov, 2014
VDC 2	Total No of Shadowing: 4 (3 FCHVs and 1 Suaahara FS)	Total No of participants: 7 Not Available: 3 (Incharge-1, Traditional	Total no of Participants: 13 Not Available-1 (WCF-	15 -23 Nov, 2014

VDCs	Shadowing	FGD(Health Group)	FGD (Non health Group)	Date
		healer-2)		
VDC 3	**Total no of shadowing:4** (3FCHVs and 1 *Suaahara* FS)	Total no of Participants: 7 **Not Available: 4** (Traditional healer-2, Peer Facilitator-1, AHW-	Total no of Participants:7 **Not Available: 3** (Agriculture and livestock Extension Worker-2, CAC-1)	24 Nov- 4 Dec
VDC 4	**Total No of Shadowing: 4**(3 FCHVs and 1 *Suaahara* FS)	Total No of participants: 5 **Not Available: 5** (Incharge-1, FCHV-2, Traditional healer-2)	Total no of Participants: 8 **Not Available: 5** (Agriculture and Livestock Extension Worker-2, WCF-2, VNFSSC-1)	15 -23 Nov, 2014
VDC 5	**Total no of shadowing:4** (3FCHVs and 1 *Suaahara* FS)	Total no of Participants:5 **Not Available: 5** (Incharge-1, FCHV-2, Traditional Healer-2, peer facilitator-1)	**Total no of Participants: 6, Not Available: 6** (WASH-1, CSHF-1, Agriculture and Livestock Extension Worker-2, WCF-2)	23 Nov-4 Dec, 2014
Return to Kathmandu				5-Dec, 2014
Darchula				
Travel from Kathmandu to district and coordination				8 - 10 Nov, 2014

VDC 1	Total No of Shadowing: 4 (3 FCHVs and 1 Suaahara FS)	Total No of participants: 8 Not Available: 3 (Incharge-1, Traditional Healer-2)	Total no of Participants: 9 Not Available: 3 (Agriculture Extension Worker-1, CHSF-1, VMF-	11 -17 Nov, 2014
VDC 2	Total No. of Shadowing:4 (3 FCHV and 1 Suaahara FS)	Total No of Participants:6Not Available: 6 (AHW-1, Peer Facilitator-1, FCHV- 1, Traditional Healer-3)	**Total No of Participants:9Not Available: 3** (Agriculture and Livestock Extension Worker-2, VMF-1)	17 - 28 Nov, 2014
VDC 3	Total No. of Shadowing:4 (3 FCHV and 1 Suaahara FS)	Total No of Participants:7 **Not Available: 3** (Incharge-1, Traditional Healer-1)	Total No of Participants: 10Not Available: 2 (Agriculture and Livestock Extension Worker)	17 - 28 Nov, 2014
VDC 4	Total no of Shadowing: **4** (3 FCHVs and 1 Suaahara FS)	Total no of Participants: 6 **Not Available: 3** (Traditional Healer-2, AHW-1)	**Total no of Participants: 8, Not Available: 3** (Agriculture and Livestock Extension Worker-2, VDC-1)	29 Nov-11 Dec, 2014

VDCs	Shadowing	FGD(Health Group)	FGD (Non health Group)	Date
VDC 5	**Total no of Shadowing:4** (3 FCHVs and 1 *Suaahara* FS)	Total no of Participants:6 Not Available: 5 (FCHV- 1, Traditional Healer-1, Incharge-1, ANM-1, peer facilitator-1)	Total no of Participants: 7 Not Available: 5 (WCF- 2, Agriculture and Livestock Extension Worker-1, SM-1)	29 Nov- 11 Dec, 2014
Return to Kathmandu				12-14 Dec, 2014
Sindhupalchowk				
Travel from Kathmandu to district and coordination				8 -9 Nov, 2014

VDC 1	**Total no. of shadowing: 3** (2 FCHVs and 1 *Suaahara* FS) One FCHV was at Kapilvastu for holiday.	Total No of participants:5 Not Available: 3 (Traditional healer-3)	**Total No of participants: 10** (All the allocated participants were present)	10 -15 Nov, 2014
VDC 2	Total No. of Shadowing:4 (3 FCHV and 1 *Suaahara* FS)	Total No of Participants:5 **Not Available: 5** (Traditional Healers-3, HA-1, ANM-1)	Total No of Participants: 6 **Not Available: 4** (VDC Representative-1, SM-1, Agriculture Extension Worker-1, CAC-1)	16-25 Nov, 2014
VDC 3	**Total No of Shadowing: 4**(3 FCHVs and 1 *Suaahara* FS)	Total No of participants: 6 **Not Available: 5** (Incharge-1, Traditional healer-3, Peer facilitator-1)	Total no of Participants: 5 Not Available: 3 (WASH-1, CAC-1, WCF-1)	16 - 22 Nov, 2014
VDC 4	**Total no of Shadowing:4** (3FCHVs and 1 *Suaahara* FS)	Total no of Participants: 5 **Not Available: 4** (Traditional Healer-1, ANM-1, HA-1, peer facilitator-1))	Total no of **Participants: 5** (AHW-1, *Suaahara* FS-1, FCHV-3) Not Available: 1 (CAC-1)	26 Nov-6 Dec, 2014
VDC 5	Total No. of Shadowing:4 (3 FCHV and 1 Suaahara FS)	Total no of Participants: 7 **Not Available: 4** (Traditional Healer-3, HA-1)	Total No of Participants: 6 **Not Available: 4** (Agriculture and Livestock Extension Worker-2, CAC-1, SM-1)	27 Nov-8 Dec, 2014